

2002 Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	ENDOVASCULAR REPAIR OF INFRARENAL	BR	
0001T	ABDOMINAL AORTIC ANEURYSM OR		01-Apr-02
	DISSECTION; MODUL		
	ENDOVASCULAR REPAIR OF INFRARENAL		
0002T	ABDOMINAL AORTIC ANEURYSM OR	BR	01-Apr-02
	DISSECTION; AORTO		
0003T	CERVICOGRAPHY	BR	01-Apr-02
	TRANSCATHETER PLACEMENT OF		
0005T	EXTRACRANIAL CEREBROVASCULAR ARTERY	BR	01-Apr-02
	STENT(S), PERCUTA		
	TRANSCATHETER PLACEMENT OF	5.5	0.4.400
0006T	EXTRACRANIAL CEREBROVASCULAR ARTERY	BR	01-Apr-02
	STENT(S), PERCUTA		
00077	TRANSCATHETER PLACEMENT OF	55	04
0007T	EXTRACRANIAL CEREBROVASCULAR ARTERY	BR	01-Apr-02
	STENT(S), PERCUTA		
0008T	UPPER GASTROINTESTINAL ENDOSCOPY	BR	04
00061	INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	DK	01-Apr-02
	ENDOMETRIAL CRYOABLATION WITH		
0009T	ULTRASONIC GUIDANCE	BR	01-Apr-02
	ARTHROSCOPY, KNEE, SURGICAL,		
0012T	IMPLANTATION OF OSTEOCHONDRAL GRAFT(S)	BR	01-Apr-02
00121	FOR TREATMEN	Dit	017 pr 02
	ARTHROSCOPY, KNEE, SURGICAL,		
0013T	IMPLANTATION OF OSTEOCHONDRAL GRAFT(S)	BR	01-Apr-02
	FOR TREATMEN		
004.4	MENISCAL TRANSPLANTATION, MEDIAL OR	55	04
0014T	LATERAL, KNEE (ANY METHOD)	BR	01-Apr-02
	DESTRUCTION OF LOCALIZED LESION OF		
0016T	CHOROID (EG, CHOROIDAL	BR	01-Apr-02
	NEOVASCULARIZATION), T		·
0017T	DESTRUCTION OF MACULAR DRUSEN,	BR	01-Apr-02
00171	PHOTOCOAGULATION	DK	01-Api-02
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING	85.83	01-Apr-02
10021	GUIDANCE	05.05	01-Apr-02
10022	FINE NEEDLE ASPIRATION; WITH IMAGING	88.21	01-Apr-02
10022	GUIDANCE	00.21	υ ι-Αρι-υΖ



Rate Codes - Surgery

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10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTAN	88.67	01-Apr-02
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTAN	161.04	01-Apr-02
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	109.63	01-Apr-02
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	190.31	01-Apr-02
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	104.51	01-Apr-02
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	199.46	01-Apr-02
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	108.05	01-Apr-02
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	95.61	01-Apr-02
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	148.04	01-Apr-02
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	44.41	01-Apr-02
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	23.48	01-Apr-02
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATEDWITH OPEN FRACTURE	288.07	01-Apr-02
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITHOPEN FX(S)/DISLOCATI	368.23	01-Apr-02
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITHOPEN FRACTURE(S)/DIS	526.47	01-Apr-02
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	38.37	01-Apr-02
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	58.20	01-Apr-02
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	79.14	01-Apr-02



Rate Codes - Surgery

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11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	192.08	01-Apr-02
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	246.96	01-Apr-02
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	23.46	01-Apr-02
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO F	30.70	01-Apr-02
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THA	36.07	01-Apr-02
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	80.68	01-Apr-02
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	39.97	01-Apr-02
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	66.11	01-Apr-02
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TE	26.83	01-Apr-02
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	55.40	01-Apr-02
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	72.50	01-Apr-02
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	85.77	01-Apr-02
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	101.64	01-Apr-02
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	55.22	01-Apr-02



Rate Codes - Surgery

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11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	77.15	01-Apr-02
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	88.82	01-Apr-02
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	106.68	01-Apr-02
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	68.31	01-Apr-02
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	85.77	01-Apr-02
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	96.77	01-Apr-02
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	125.62	01-Apr-02
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	109.98	01-Apr-02
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	129.13	01-Apr-02
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	145.96	01-Apr-02
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	169.21	01-Apr-02
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	187.07	01-Apr-02
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	224.13	01-Apr-02
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	105.75	01-Apr-02
11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	136.13	01-Apr-02
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	152.54	01-Apr-02
11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	185.12	01-Apr-02
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	209.59	01-Apr-02



Rate Codes - Surgery

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11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	281.80	01-Apr-02
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	126.33	01-Apr-02
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	150.74	01-Apr-02
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	166.80	01-Apr-02
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	210.79	01-Apr-02
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	261.54	01-Apr-02
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NO	320.47	01-Apr-02
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE	254.02	01-Apr-02
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLE	333.74	01-Apr-02
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE	244.33	01-Apr-02
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLE	343.88	01-Apr-02
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, O	288.24	01-Apr-02
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, O	361.74	01-Apr-02
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	141.14	01-Apr-02



Rate Codes - Surgery

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11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	167.08	01-Apr-02
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	179.95	01-Apr-02
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	200.48	01-Apr-02
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	218.68	01-Apr-02
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	276.30	01-Apr-02
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	139.22	01-Apr-02
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	173.45	01-Apr-02
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	198.17	01-Apr-02
11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	225.41	01-Apr-02
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	263.04	01-Apr-02
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER	331.11	01-Apr-02
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5	153.23	01-Apr-02
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6	204.58	01-Apr-02
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1	227.14	01-Apr-02
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1	266.38	01-Apr-02
11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1	333.40	01-Apr-02
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVE	436.37	01-Apr-02
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	20.66	01-Apr-02
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) ONE TO FIVE	27.97	01-Apr-02
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) SIX OR MORE	42.81	01-Apr-02



Rate Codes - Surgery

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11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	72.30	01-Apr-02
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	34.69	01-Apr-02
11740	EVACUATION OF SUBUNGUAL HEMATOMA	37.40	01-Apr-02
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	141.93	01-Apr-02
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	199.61	01-Apr-02
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL N	91.62	01-Apr-02
11760	REPAIR OF NAIL BED	123.89	01-Apr-02
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	209.78	01-Apr-02
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	60.15	01-Apr-02
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	219.48	01-Apr-02
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	436.89	01-Apr-02
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	513.57	01-Apr-02
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	43.78	01-Apr-02
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	59.72	01-Apr-02
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPA	755.91	01-Apr-02
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	281.97	01-Apr-02
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	467.50	01-Apr-02
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	131.50	01-Apr-02
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	564.40	01-Apr-02



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11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTO	103.21	01-Apr-02
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	114.82	01-Apr-02
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	131.07	01-Apr-02
11983	REMOVAL WITH REINSERTION, NON- BIODEGRADABLE DRUG DELIVERY IMPLANT	212.99	01-Apr-02
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	140.87	01-Apr-02
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	152.68	01-Apr-02
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	176.97	01-Apr-02
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	219.60	01-Apr-02
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	287.86	01-Apr-02
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	320.30	01-Apr-02
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	147.32	01-Apr-02
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	164.41	01-Apr-02
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	193.60	01-Apr-02
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	240.79	01-Apr-02
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	293.71	01-Apr-02
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	380.17	01-Apr-02



Rate Codes - Surgery

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12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MU	459.57	01-Apr-02
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	195.61	01-Apr-02
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	143.24	01-Apr-02
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	173.04	01-Apr-02
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	190.80	01-Apr-02
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	222.49	01-Apr-02
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	248.45	01-Apr-02
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	341.78	01-Apr-02
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING H	386.03	01-Apr-02
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM O	191.61	01-Apr-02
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM T	209.03	01-Apr-02
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM T	235.91	01-Apr-02
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM	274.99	01-Apr-02
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM	354.54	01-Apr-02



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12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.	402.27	01-Apr-02
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	196.09	01-Apr-02
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	212.04	01-Apr-02
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	233.76	01-Apr-02
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	266.42	01-Apr-02
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	347.25	01-Apr-02
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	453.56	01-Apr-02
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRAN	488.13	01-Apr-02
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	234.94	01-Apr-02
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	282.22	01-Apr-02
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITIO	79.16	01-Apr-02
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	247.89	01-Apr-02
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	311.07	01-Apr-02
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SE	92.49	01-Apr-02
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	280.46	01-Apr-02



Rate Codes - Surgery

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13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	415.67	01-Apr-02
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	136.27	01-Apr-02
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	322.15	01-Apr-02
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	351.64	01-Apr-02
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	474.91	01-Apr-02
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (148.78	01-Apr-02
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	663.89	01-Apr-02
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	488.18	01-Apr-02
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ C	649.49	01-Apr-02
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ	549.01	01-Apr-02
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	740.06	01-Apr-02
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	625.49	01-Apr-02
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	832.05	01-Apr-02
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFE	675.59	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFE	916.65	01-Apr-02
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLI	892.15	01-Apr-02
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	653.26	01-Apr-02
15000	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	260.53	01-Apr-02
15001	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	64.13	01-Apr-02
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MI	338.56	01-Apr-02
15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY	607.09	01-Apr-02
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ON	122.94	01-Apr-02
15120	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	725.06	01-Apr-02
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	187.27	01-Apr-02
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ	648.21	01-Apr-02
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	101.49	01-Apr-02
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	649.25	01-Apr-02
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	94.18	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	699.57	01-Apr-02
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	144.98	01-Apr-02
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	744.51	01-Apr-02
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	166.89	01-Apr-02
15342	APPLICATION OF BILAMINATE SKIN SUBSTITUTE/NEODERMIS; 25 SQ CM	137.25	01-Apr-02
15343	APPLICATION OF BILAMINATE SKIN SUBSTITUTE/NEODERMIS; EACH ADDITIONAL 25 SQ CM (L	23.91	01-Apr-02
15350	APPLICATION OF ALLOGRAFT, SKIN; 100 SQ CM OR LESS	394.40	01-Apr-02
15351	APPLICATION OF ALLOGRAFT, SKIN; EACH ADDITIONAL 100 SQ CM (L1ST SEPARATELY IN AD	77.93	01-Apr-02
15400	APPLICATION OF XENOGRAFT, SKIN; 100 SQ CM OR LESS	324.14	01-Apr-02
15401	APPLICATION OF XENOGRAFT, SKIN; EACH ADDITIONAL 100 SQ CM (LIST SEPARATELY IN AD	85.77	01-Apr-02
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	684.18	01-Apr-02
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	659.03	01-Apr-02
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS	709.39	01-Apr-02
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, E	644.89	01-Apr-02
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	286.15	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEG	257.08	01-Apr-02
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, C	347.93	01-Apr-02
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS	344.44	01-Apr-02
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" T	383.91	01-Apr-02
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MA	1223.75	01-Apr-02
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	1273.46	01-Apr-02
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	1163.31	01-Apr-02
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	1215.26	01-Apr-02
15740	FLAP; ISLAND PEDICLE	773.67	01-Apr-02
15750	FLAP; NEUROVASCULAR PEDICLE	831.95	01-Apr-02
15756	FREE MUSCLE FLAP WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS	2308.03	01-Apr-02
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	2413.10	01-Apr-02
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	2423.70	01-Apr-02
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PR	697.90	01-Apr-02
15770	GRAFT; DERMA-FAT-FASCIA	566.11	01-Apr-02
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	645.50	01-Apr-02
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	978.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	1599.83	01-Apr-02
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	2526.29	01-Apr-02
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	904.14	01-Apr-02
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	40.86	01-Apr-02
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	81.53	01-Apr-02
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	89.13	01-Apr-02
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP O	131.72	01-Apr-02
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	523.49	01-Apr-02
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	687.21	01-Apr-02
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	582.67	01-Apr-02
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	750.36	01-Apr-02
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	853.82	01-Apr-02
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	1025.94	01-Apr-02
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	885.10	01-Apr-02
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH	1035.04	01-Apr-02
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	602.72	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTO	833.08	01-Apr-02
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	825.13	01-Apr-02
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	929.37	01-Apr-02
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR M	1499.03	01-Apr-02
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	499.12	01-Apr-02
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	751.39	01-Apr-02
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	766.01	01-Apr-02
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	883.07	01-Apr-02
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS	1133.48	01-Apr-02
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	1141.04	01-Apr-02
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	BR	01-Apr-02
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	67.82	01-Apr-02
16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL	69.74	01-Apr-02
16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM OR	169.92	01-Apr-02
16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE	67.01	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM	130.73	01-Apr-02
16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUTANESTHESIA, LARGE	175.80	01-Apr-02
16035	ESCHAROTOMY; INITIAL INCISION	221.86	01-Apr-02
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR P	88.84	01-Apr-02
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	57.71	01-Apr-02
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	13.98	01-Apr-02
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	203.14	01-Apr-02
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); L	330.85	01-Apr-02
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 1	592.11	01-Apr-02
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); O	877.22	01-Apr-02
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	58.56	01-Apr-02
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	75.17	01-Apr-02
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	42.78	01-Apr-02
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	84.11	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	100.41	01-Apr-02
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	126.58	01-Apr-02
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	142.46	01-Apr-02
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	153.76	01-Apr-02
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	181.49	01-Apr-02
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	108.04	01-Apr-02
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	120.85	01-Apr-02
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	140.52	01-Apr-02
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	160.25	01-Apr-02
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	195.10	01-Apr-02
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	230.50	01-Apr-02
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	100.78	01-Apr-02
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	137.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	159.50	01-Apr-02
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	195.88	01-Apr-02
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	231.93	01-Apr-02
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	307.96	01-Apr-02
17304	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMO	558.92	01-Apr-02
17305	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); SECOND STAGE, FIXED OR FRESH TISSUE	236.76	01-Apr-02
17306	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); THIRD STAGE, FIXED OR FRESH TISSUE,	229.30	01-Apr-02
17307	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); ADDITIONAL STAGE(S), UP TO 5 SPECIM	217.36	01-Apr-02
17310	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE); MORE THAN 5 SPECIMENS, FIXED OR FRE	81.22	01-Apr-02
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	71.32	01-Apr-02
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	BR	01-Apr-02
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	71.95	01-Apr-02
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	41.91	01-Apr-02
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	351.84	01-Apr-02
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	362.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	152.29	01-Apr-02
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	428.14	01-Apr-02
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	250.42	01-Apr-02
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEV	497.62	01-Apr-02
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A	432.43	01-Apr-02
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	371.51	01-Apr-02
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	389.01	01-Apr-02
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL M	427.76	01-Apr-02
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL M	170.50	01-Apr-02
19160	MASTECTOMY, PARTIAL;	423.98	01-Apr-02
19162	MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY	896.41	01-Apr-02
19180	MASTECTOMY, SIMPLE, COMPLETE	598.30	01-Apr-02
19182	MASTECTOMY, SUBCUTANEOUS	531.64	01-Apr-02
19200	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	1024.04	01-Apr-02
19220	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY L	1037.97	01-Apr-02
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	1027.01	01-Apr-02
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	1005.47	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITHOU	1350.91	01-Apr-02
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; WITH M	1493.78	01-Apr-02
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	191.19	01-Apr-02
19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESI	74.14	01-Apr-02
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST	97.80	01-Apr-02
19316	MASTOPEXY	789.48	01-Apr-02
19318	REDUCTION MAMMAPLASTY	1105.16	01-Apr-02
19328	REMOVAL OF INTACT MAMMARY IMPLANT	409.58	01-Apr-02
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	512.65	01-Apr-02
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN R	434.02	01-Apr-02
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN REC	811.14	01-Apr-02
19350	NIPPLE/AREOLA RECONSTRUCTION	842.81	01-Apr-02
19355	CORRECTION OF INVERTED NIPPLES	695.72	01-Apr-02
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUB	1289.36	01-Apr-02
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMP	1371.53	01-Apr-02
19364	BREAST RECONSTRUCTION WITH FREE FLAP	2540.27	01-Apr-02
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	1421.64	01-Apr-02
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	1742.37	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	2135.21	01-Apr-02
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	2000.59	01-Apr-02
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	578.97	01-Apr-02
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	683.12	01-Apr-02
19380	REVISION OF RECONSTRUCTED BREAST	672.70	01-Apr-02
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	248.19	01-Apr-02
19499	UNLISTED PROCEDURE, BREAST	BR	01-Apr-02
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); SUPERFICIAL	151.14	01-Apr-02
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLI	242.37	01-Apr-02
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	645.10	01-Apr-02
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	234.10	01-Apr-02
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	278.63	01-Apr-02
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	368.00	01-Apr-02
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	902.67	01-Apr-02
20200	BIOPSY, MUSCLE; SUPERFICIAL	121.94	01-Apr-02
20205	BIOPSY, MUSCLE; DEEP	217.36	01-Apr-02
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	134.66	01-Apr-02
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCES	197.90	01-Apr-02
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	219.94	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS	271.26	01-Apr-02
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	337.06	01-Apr-02
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	384.50	01-Apr-02
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	437.55	01-Apr-02
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	200.01	01-Apr-02
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	389.06	01-Apr-02
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	231.14	01-Apr-02
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	352.13	01-Apr-02
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	60.97	01-Apr-02
20550	INJECTION; TENDON SHEATH, LIGAMENT, GANGLION CYST	93.91	01-Apr-02
20551	INJECTION; TENDON ORIGIN/INSERTION	60.97	01-Apr-02
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	60.97	01-Apr-02
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	60.97	01-Apr-02
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST	70.26	01-Apr-02
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLI	79.98	01-Apr-02
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER,	96.23	01-Apr-02
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	224.50	01-Apr-02
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVA	228.42	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL	173.64	01-Apr-02
20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	447.64	01-Apr-02
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	475.73	01-Apr-02
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	420.17	01-Apr-02
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	641.76	01-Apr-02
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	124.07	01-Apr-02
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDU	237.81	01-Apr-02
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	321.83	01-Apr-02
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	244.06	01-Apr-02
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	395.49	01-Apr-02
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW	610.13	01-Apr-02
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	438.05	01-Apr-02
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPL	2983.93	01-Apr-02
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLET	3948.50	01-Apr-02
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE	4426.82	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSE	2789.54	01-Apr-02
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INS	2440.26	01-Apr-02
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUT	2637.14	01-Apr-02
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	2665.61	01-Apr-02
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	3007.52	01-Apr-02
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	462.05	01-Apr-02
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	615.38	01-Apr-02
20910	CARTILAGE GRAFT; COSTOCHONDRAL	458.21	01-Apr-02
20912	CARTILAGE GRAFT; NASAL SEPTUM	515.60	01-Apr-02
20920	FASCIA LATA GRAFT; BY STRIPPER	417.05	01-Apr-02
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	573.58	01-Apr-02
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	522.73	01-Apr-02
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	440.86	01-Apr-02
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	BR	01-Apr-02
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	128.18	01-Apr-02
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	BR	01-Apr-02
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	194.40	01-Apr-02
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	212.33	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	124.34	01-Apr-02
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	2868.68	01-Apr-02
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA ILIAC CREST	2812.95	01-Apr-02
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA METATARSAL	2756.68	01-Apr-02
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA OTHER THANFIBULA, ILIAC CREST	2796.39	01-Apr-02
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST,	3168.21	01-Apr-02
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST, METATARSAL	3077.83	01-Apr-02
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	2826.62	01-Apr-02
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPAC	2991.83	01-Apr-02
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	72.67	01-Apr-02
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	185.61	01-Apr-02
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	BR	01-Apr-02
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	707.78	01-Apr-02
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCAL	477.33	01-Apr-02
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	665.38	01-Apr-02
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	386.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	602.16	01-Apr-02
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	456.33	01-Apr-02
21031	EXCISION OF TORUS MANDIBULARIS	266.09	01-Apr-02
21032	EXCISION OF MAXILLARY TORUS PALATINUS	266.39	01-Apr-02
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	1078.43	01-Apr-02
21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	199.76	01-Apr-02
21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX	494.67	01-Apr-02
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	807.11	01-Apr-02
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	1094.82	01-Apr-02
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	880.34	01-Apr-02
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	835.47	01-Apr-02
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	580.04	01-Apr-02
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	992.43	01-Apr-02
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	2496.35	01-Apr-02
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	1686.81	01-Apr-02
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	1929.12	01-Apr-02
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	1737.94	01-Apr-02
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	1514.77	01-Apr-02
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	1483.41	01-Apr-02
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	1697.99	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	653.60	01-Apr-02
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	1885.58	01-Apr-02
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	1829.05	01-Apr-02
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	BR	01-Apr-02
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR	01-Apr-02
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	343.34	01-Apr-02
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR	412.25	01-Apr-02
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	260.54	01-Apr-02
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	524.39	01-Apr-02
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	598.30	01-Apr-02
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR	619.28	01-Apr-02
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OB	794.36	01-Apr-02
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	736.94	01-Apr-02
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONA	803.22	01-Apr-02
21137	REDUCTION FOREHEAD; CONTOURING ONLY	667.57	01-Apr-02
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GR	892.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	970.51	01-Apr-02
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTIO	1215.86	01-Apr-02
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,	1231.50	01-Apr-02
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	1254.94	01-Apr-02
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTIO	1316.14	01-Apr-02
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,	1370.31	01-Apr-02
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	1422.58	01-Apr-02
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYND	1608.35	01-Apr-02
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDE	1886.23	01-Apr-02
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAF	2112.28	01-Apr-02
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAF	2318.85	01-Apr-02
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	2824.32	01-Apr-02
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	2990.96	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR A	1864.88	01-Apr-02
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR- LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADV	2263.56	01-Apr-02
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GR	1638.99	01-Apr-02
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AU	1767.60	01-Apr-02
21181	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA),	735.48	01-Apr-02
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	2203.09	01-Apr-02
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	2388.86	01-Apr-02
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	2522.51	01-Apr-02
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (IN	1536.44	01-Apr-02
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTO	1151.46	01-Apr-02
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOT	1297.58	01-Apr-02
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL	1195.19	01-Apr-02
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1287.25	01-Apr-02
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	1065.13	01-Apr-02
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	1045.24	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	965.22	01-Apr-02
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMP	820.80	01-Apr-02
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	572.53	01-Apr-02
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	789.20	01-Apr-02
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	817.52	01-Apr-02
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING	839.00	01-Apr-02
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	677.56	01-Apr-02
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAI	1061.61	01-Apr-02
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	1019.22	01-Apr-02
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	1428.55	01-Apr-02
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBUL	876.65	01-Apr-02
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	1067.54	01-Apr-02
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	963.88	01-Apr-02
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDE	1733.69	01-Apr-02
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	854.77	01-Apr-02
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	1238.82	01-Apr-02
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCL	1177.19	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (IN	1215.00	01-Apr-02
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIA	1187.55	01-Apr-02
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED IN	2008.27	01-Apr-02
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHE	1910.65	01-Apr-02
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EX	1332.44	01-Apr-02
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; CO	1473.74	01-Apr-02
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	808.34	01-Apr-02
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	873.75	01-Apr-02
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	482.53	01-Apr-02
21282	LATERAL CANTHOPEXY	326.23	01-Apr-02
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HY	175.06	01-Apr-02
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HY	356.85	01-Apr-02
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	BR	01-Apr-02
21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION	106.32	01-Apr-02
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	102.96	01-Apr-02
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	173.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21320	MANIPULATIVE TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	235.48	01-Apr-02
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	300.99	01-Apr-02
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKE	436.84	01-Apr-02
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED S	648.40	01-Apr-02
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	430.92	01-Apr-02
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	280.21	01-Apr-02
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	484.21	01-Apr-02
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	604.44	01-Apr-02
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEA	796.11	01-Apr-02
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	909.88	01-Apr-02
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONT	1291.50	01-Apr-02
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERD	661.24	01-Apr-02
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING A	823.22	01-Apr-02
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MUL	897.92	01-Apr-02
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRA	1102.43	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND M	306.08	01-Apr-02
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	310.18	01-Apr-02
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR T	500.56	01-Apr-02
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMIN	1066.26	01-Apr-02
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMIN	1198.48	01-Apr-02
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALD	688.34	01-Apr-02
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	696.98	01-Apr-02
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	706.46	01-Apr-02
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH	766.29	01-Apr-02
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH	907.28	01-Apr-02
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	157.00	01-Apr-02
21401	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	320.59	01-Apr-02
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	527.54	01-Apr-02
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	645.25	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INC	880.83	01-Apr-02
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDEN	482.14	01-Apr-02
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	638.83	01-Apr-02
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (CO	763.31	01-Apr-02
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL	502.14	01-Apr-02
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR	623.93	01-Apr-02
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, CO	1749.28	01-Apr-02
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZ	1189.70	01-Apr-02
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIP	1843.93	01-Apr-02
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PR	292.90	01-Apr-02
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROC	484.31	01-Apr-02
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	334.56	01-Apr-02
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	443.70	01-Apr-02
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	343.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	507.52	01-Apr-02
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	507.85	01-Apr-02
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	697.49	01-Apr-02
21462	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	821.92	01-Apr-02
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	781.95	01-Apr-02
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHE	1087.46	01-Apr-02
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	77.62	01-Apr-02
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT RE	294.06	01-Apr-02
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	780.96	01-Apr-02
21493	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION	153.41	01-Apr-02
21494	TREATMENT OF CLOSED OR OPEN HYOID FRACTURE; WITH MANIPULATION	480.87	01-Apr-02
21495	OPEN TREATMENT OF HYOID FRACTURE	417.57	01-Apr-02
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	332.76	01-Apr-02
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	BR	01-Apr-02
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	295.39	01-Apr-02
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	588.27	01-Apr-02
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCE	512.98	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	156.05	01-Apr-02
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	316.26	01-Apr-02
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR	365.19	01-Apr-02
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THOR	685.81	01-Apr-02
21600	EXCISION OF RIB, PARTIAL	588.61	01-Apr-02
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	991.36	01-Apr-02
21615	EXCISION FIRST AND/OR CERVICAL RIB;	800.78	01-Apr-02
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUS	841.52	01-Apr-02
21620	OSTECTOMY OF STERNUM, PARTIAL	610.27	01-Apr-02
21627	STERNAL DEBRIDEMENT	781.47	01-Apr-02
21630	RADICAL RESECTION OF STERNUM;	1280.52	01-Apr-02
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	1338.80	01-Apr-02
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	536.63	01-Apr-02
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	670.02	01-Apr-02
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST AP	494.78	01-Apr-02
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLI	546.01	01-Apr-02
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	1258.62	01-Apr-02
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PR	909.50	01-Apr-02
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	109.10	01-Apr-02
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH	246.77	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	558.83	01-Apr-02
21820	CLOSED TREATMENT OF STERNUM FRACTURE	141.44	01-Apr-02
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	719.37	01-Apr-02
21899	UNLISTED PROCEDURE, NECK OR THORAX	BR	01-Apr-02
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	157.48	01-Apr-02
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	504.19	01-Apr-02
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	367.62	01-Apr-02
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLAN	1197.59	01-Apr-02
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	756.02	01-Apr-02
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	757.68	01-Apr-02
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	725.64	01-Apr-02
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	163.83	01-Apr-02
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRES	973.32	01-Apr-02
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	978.85	01-Apr-02
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	937.58	01-Apr-02
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRES	161.40	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	1703.69	01-Apr-02
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGM	1436.76	01-Apr-02
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGM	1430.82	01-Apr-02
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	415.67	01-Apr-02
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SE	1574.56	01-Apr-02
22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGME	1472.00	01-Apr-02
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGME	1550.02	01-Apr-02
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SE	416.99	01-Apr-02
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	198.15	01-Apr-02
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	263.62	01-Apr-02
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTIN	700.83	01-Apr-02
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	1547.03	01-Apr-02
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	1748.78	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR	1291.95	01-Apr-02
22326	DISLOCATION(S), OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S),	1488.23	01-Apr-02
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S),	1418.12	01-Apr-02
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S),	312.90	01-Apr-02
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	225.11	01-Apr-02
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	525.33	01-Apr-02
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	492.88	01-Apr-02
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	172.05	01-Apr-02
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS	1925.40	01-Apr-02
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPA	1443.68	01-Apr-02
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPA	1745.93	01-Apr-02
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPA	1596.69	01-Apr-02
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPA	389.19	01-Apr-02
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	1593.28	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	1511.37	01-Apr-02
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW	1271.73	01-Apr-02
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH	1254.81	01-Apr-02
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH O	1579.65	01-Apr-02
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONA	445.46	01-Apr-02
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECT	1580.34	01-Apr-02
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL I	367.55	01-Apr-02
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERT	1396.65	01-Apr-02
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERT	2249.11	01-Apr-02
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE V	2564.69	01-Apr-02
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEB	1888.38	01-Apr-02
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEB	2091.35	01-Apr-02
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VER	2325.21	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	2304.10	01-Apr-02
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	2480.32	01-Apr-02
22830	EXPLORATION OF SPINAL FUSION	877.78	01-Apr-02
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PEDICLE	859.38	01-Apr-02
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	BR	01-Apr-02
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	827.40	01-Apr-02
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	936.99	01-Apr-02
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	1130.04	01-Apr-02
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	831.14	01-Apr-02
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	880.23	01-Apr-02
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	966.58	01-Apr-02
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU	457.50	01-Apr-02
22849	REINSERTION OF SPINAL FIXATION DEVICE	1332.26	01-Apr-02
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	756.72	01-Apr-02
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), TH	510.66	01-Apr-02
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	732.49	01-Apr-02
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	1086.47	01-Apr-02
22899	UNLISTED PROCEDURE, SPINE	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	399.02	01-Apr-02
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	BR	01-Apr-02
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	469.80	01-Apr-02
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	746.58	01-Apr-02
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	332.44	01-Apr-02
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	282.10	01-Apr-02
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	852.02	01-Apr-02
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF F	804.56	01-Apr-02
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DR	661.84	01-Apr-02
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	171.19	01-Apr-02
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	397.67	01-Apr-02
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	261.54	01-Apr-02
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	587.68	01-Apr-02
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER ARE	1157.78	01-Apr-02
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	555.90	01-Apr-02
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	535.54	01-Apr-02
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	722.65	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	549.58	01-Apr-02
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	744.60	01-Apr-02
23120	CLAVICULECTOMY; PARTIAL	608.62	01-Apr-02
23125	CLAVICULECTOMY; TOTAL	786.73	01-Apr-02
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMEN	660.14	01-Apr-02
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	573.01	01-Apr-02
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	799.36	01-Apr-02
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	678.58	01-Apr-02
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	703.88	01-Apr-02
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUT	837.31	01-Apr-02
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALL	730.40	01-Apr-02
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	647.35	01-Apr-02
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	663.78	01-Apr-02
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL	810.51	01-Apr-02
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	834.36	01-Apr-02
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	858.04	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	916.70	01-Apr-02
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	603.36	01-Apr-02
23195	RESECTION HUMERAL HEAD	815.74	01-Apr-02
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	997.86	01-Apr-02
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	1018.05	01-Apr-02
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	1167.84	01-Apr-02
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAININ	1418.44	01-Apr-02
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	1761.79	01-Apr-02
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	233.45	01-Apr-02
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)	599.32	01-Apr-02
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	928.71	01-Apr-02
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHRO	307.31	01-Apr-02
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	1230.19	01-Apr-02
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	1244.62	01-Apr-02
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	1060.73	01-Apr-02
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	693.22	01-Apr-02
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	873.45	01-Apr-02
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); ACUTE	987.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF;	1066.57	01-Apr-02
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	761.47	01-Apr-02
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES A	1102.00	01-Apr-02
23430	TENODESIS OF LONG TENDON OF BICEPS	807.42	01-Apr-02
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	834.37	01-Apr-02
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	1068.13	01-Apr-02
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	1152.65	01-Apr-02
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	1201.08	01-Apr-02
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROC	1203.94	01-Apr-02
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	1161.12	01-Apr-02
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	1145.01	01-Apr-02
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	1329.62	01-Apr-02
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL R	1335.96	01-Apr-02
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	872.03	01-Apr-02
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONU	1053.84	01-Apr-02
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	895.63	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	1108.82	01-Apr-02
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	206.55	01-Apr-02
23505	TREATMENT OF CLOSED CLAVICULAR FRACTURE; WITH MANIPULATION	341.00	01-Apr-02
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	612.09	01-Apr-02
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	204.74	01-Apr-02
23525	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	325.61	01-Apr-02
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	627.23	01-Apr-02
23532	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	653.48	01-Apr-02
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	225.92	01-Apr-02
23545	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	292.94	01-Apr-02
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	612.11	01-Apr-02
23552	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC	679.13	01-Apr-02
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	213.94	01-Apr-02
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELET	361.98	01-Apr-02
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT	720.63	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WIT	309.50	01-Apr-02
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WIT	490.71	01-Apr-02
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH	783.61	01-Apr-02
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH	1600.96	01-Apr-02
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	277.68	01-Apr-02
23625	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	409.26	01-Apr-02
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL	621.37	01-Apr-02
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	308.55	01-Apr-02
23655	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESI	339.16	01-Apr-02
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	626.56	01-Apr-02
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBER	436.98	01-Apr-02
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	663.65	01-Apr-02
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACT	535.16	01-Apr-02
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	816.37	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	222.39	01-Apr-02
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	1161.56	01-Apr-02
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT	1296.74	01-Apr-02
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	1397.98	01-Apr-02
23920	DISARTICULATION OF SHOULDER;	1164.53	01-Apr-02
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	469.52	01-Apr-02
23929	UNLISTED PROCEDURE, SHOULDER	BR	01-Apr-02
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	304.93	01-Apr-02
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	235.47	01-Apr-02
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCE	652.01	01-Apr-02
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	479.01	01-Apr-02
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE P	709.45	01-Apr-02
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	244.54	01-Apr-02
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULA	489.81	01-Apr-02
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	406.72	01-Apr-02
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	497.92	01-Apr-02
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR	972.68	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	410.97	01-Apr-02
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	515.14	01-Apr-02
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	649.87	01-Apr-02
24105	EXCISION, OLECRANON BURSA	332.29	01-Apr-02
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	655.83	01-Apr-02
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INC	755.88	01-Apr-02
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	933.59	01-Apr-02
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	528.03	01-Apr-02
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	580.48	01-Apr-02
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	628.29	01-Apr-02
24130	EXCISION, RADIAL HEAD	523.27	01-Apr-02
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	945.77	01-Apr-02
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	612.43	01-Apr-02
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	625.10	01-Apr-02
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	931.04	01-Apr-02
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	684.07	01-Apr-02
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	687.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CON	1052.94	01-Apr-02
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	1112.46	01-Apr-02
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLUDES O	1258.06	01-Apr-02
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	753.48	01-Apr-02
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK; WITH AUTOGRAFT (INCLUDES OBTAI	775.12	01-Apr-02
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	862.17	01-Apr-02
24160	IMPLANT REMOVAL; ELBOW JOINT	597.75	01-Apr-02
24164	IMPLANT REMOVAL; RADIAL HEAD	507.01	01-Apr-02
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	237.66	01-Apr-02
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCU	467.37	01-Apr-02
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	344.60	01-Apr-02
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	349.14	01-Apr-02
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320	771.85	01-Apr-02
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	556.58	01-Apr-02
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	503.18	01-Apr-02
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER,	814.49	01-Apr-02
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	739.48	01-Apr-02
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	809.10	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24332	TENOLYSIS, TRICEPS	484.19	01-Apr-02
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	619.49	01-Apr-02
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON ORMUSCLE, PRIMARY OR	621.74	01-Apr-02
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH/WITHOUT TENDON GR	821.85	01-Apr-02
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	639.94	01-Apr-02
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES H	967.00	01-Apr-02
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	639.94	01-Apr-02
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HA	967.00	01-Apr-02
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS);	438.72	01-Apr-02
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH EXTE	483.52	01-Apr-02
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH ANNU	525.84	01-Apr-02
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH STRI	524.62	01-Apr-02
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH PART	554.74	01-Apr-02
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	949.47	01-Apr-02
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	1042.74	01-Apr-02
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	1090.95	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEME	1388.47	01-Apr-02
24365	ARTHROPLASTY, RADIAL HEAD;	656.24	01-Apr-02
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	729.16	01-Apr-02
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	905.32	01-Apr-02
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFI	1175.30	01-Apr-02
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	1145.85	01-Apr-02
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQU	1047.90	01-Apr-02
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES	1094.69	01-Apr-02
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	666.25	01-Apr-02
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	675.29	01-Apr-02
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT ME	955.37	01-Apr-02
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	305.36	01-Apr-02
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT S	515.88	01-Apr-02
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERC	913.13	01-Apr-02
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	923.95	01-Apr-02
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WIT	349.99	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WIT	592.21	01-Apr-02
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTUR	766.48	01-Apr-02
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHO	830.99	01-Apr-02
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHO	1156.61	01-Apr-02
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MAN	278.17	01-Apr-02
24565	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPU	497.65	01-Apr-02
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERA	664.31	01-Apr-02
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHO	770.88	01-Apr-02
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPU	273.94	01-Apr-02
24577	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULAT	518.05	01-Apr-02
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT	895.49	01-Apr-02
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	716.64	01-Apr-02
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTU	1120.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTU	1102.62	01-Apr-02
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	391.68	01-Apr-02
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	393.34	01-Apr-02
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	720.62	01-Apr-02
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PR	522.88	01-Apr-02
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	1115.59	01-Apr-02
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH	157.53	01-Apr-02
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	241.80	01-Apr-02
24655	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	422.62	01-Apr-02
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATIO	677.08	01-Apr-02
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATIO	789.00	01-Apr-02
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MA	253.60	01-Apr-02
24675	TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIP	447.20	01-Apr-02
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHO	729.33	01-Apr-02
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	858.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	1037.58	01-Apr-02
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	791.50	01-Apr-02
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	816.72	01-Apr-02
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	622.50	01-Apr-02
24930	AMPUTATION, ARM THROUGH HUMERUS; RE- AMPUTATION	834.46	01-Apr-02
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	980.58	01-Apr-02
24935	STUMP ELONGATION, UPPER EXTREMITY	1132.36	01-Apr-02
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	1270.50	01-Apr-02
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	BR	01-Apr-02
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	370.28	01-Apr-02
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	291.95	01-Apr-02
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	590.11	01-Apr-02
25023	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT; WITH DEBRID	1058.69	01-Apr-02
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	679.33	01-Apr-02
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	1098.56	01-Apr-02
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	509.98	01-Apr-02
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	438.68	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABS	810.91	01-Apr-02
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOV	612.58	01-Apr-02
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	157.05	01-Apr-02
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	400.19	01-Apr-02
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	372.44	01-Apr-02
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	573.39	01-Apr-02
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/	928.72	01-Apr-02
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	563.43	01-Apr-02
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	399.71	01-Apr-02
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	459.15	01-Apr-02
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	602.88	01-Apr-02
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, CO	620.42	01-Apr-02
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	414.52	01-Apr-02
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	348.08	01-Apr-02
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	426.18	01-Apr-02
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENO	888.94	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENO	793.04	01-Apr-02
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	439.56	01-Apr-02
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION O	611.80	01-Apr-02
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	704.79	01-Apr-02
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	804.93	01-Apr-02
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	790.30	01-Apr-02
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	481.60	01-Apr-02
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRA	588.40	01-Apr-02
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRA	478.97	01-Apr-02
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	730.42	01-Apr-02
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FO	686.74	01-Apr-02
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FO	765.46	01-Apr-02
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	1036.95	01-Apr-02
25210	CARPECTOMY; ONE BONE	532.18	01-Apr-02
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	744.80	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	492.40	01-Apr-02
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	549.62	01-Apr-02
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	337.61	01-Apr-02
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	494.14	01-Apr-02
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	572.93	01-Apr-02
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	821.12	01-Apr-02
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	345.25	01-Apr-02
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	822.36	01-Apr-02
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	815.46	01-Apr-02
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRA	949.18	01-Apr-02
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	701.77	01-Apr-02
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EAC	766.06	01-Apr-02
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE G	867.25	01-Apr-02
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES	617.07	01-Apr-02
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SI	757.75	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TE	708.04	01-Apr-02
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	709.05	01-Apr-02
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	722.29	01-Apr-02
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	695.58	01-Apr-02
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SI	834.06	01-Apr-02
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SI	929.39	01-Apr-02
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/	980.84	01-Apr-02
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRA	1131.83	01-Apr-02
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT	853.34	01-Apr-02
25332	ARTHROPLASTY, WRIST, WITH/WITHOUT INTERPOSITION, WITH/WITHOUT EXTERNAL/INTERNAL	911.82	01-Apr-02
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	1051.49	01-Apr-02
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JO	877.46	01-Apr-02
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	877.00	01-Apr-02
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	987.25	01-Apr-02
25360	OSTEOTOMY; ULNA	855.86	01-Apr-02
25365	OSTEOTOMY; RADIUS AND ULNA	1105.30	01-Apr-02
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCE	1207.74	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCE	1205.38	01-Apr-02
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	989.63	01-Apr-02
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	1190.17	01-Apr-02
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	1197.10	01-Apr-02
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	1298.65	01-Apr-02
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	718.91	01-Apr-02
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION T	1040.05	01-Apr-02
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINI	1271.62	01-Apr-02
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	1193.87	01-Apr-02
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES OBTAIN	1404.52	01-Apr-02
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	1374.06	01-Apr-02
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	1364.07	01-Apr-02
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	632.21	01-Apr-02
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLU	625.46	01-Apr-02
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STY	842.14	01-Apr-02
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	1008.26	01-Apr-02
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	834.21	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	946.93	01-Apr-02
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	934.18	01-Apr-02
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	873.79	01-Apr-02
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CA	1298.00	01-Apr-02
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	842.37	01-Apr-02
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	1116.81	01-Apr-02
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	737.13	01-Apr-02
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	808.21	01-Apr-02
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	920.59	01-Apr-02
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	963.40	01-Apr-02
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	1048.22	01-Apr-02
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	246.12	01-Apr-02
25505	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE; WITH MANIPULATION	474.30	01-Apr-02
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	738.12	01-Apr-02
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATION OF	552.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION	959.03	01-Apr-02
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXATION	1088.69	01-Apr-02
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	230.49	01-Apr-02
25535	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE; WITH MANIPULATION	471.20	01-Apr-02
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	726.79	01-Apr-02
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	244.92	01-Apr-02
25565	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	512.01	01-Apr-02
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FI	613.57	01-Apr-02
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FI	851.81	01-Apr-02
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	267.16	01-Apr-02
25605	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	518.44	01-Apr-02
25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TY	663.05	01-Apr-02
25620	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEA	700.77	01-Apr-02
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	259.25	01-Apr-02
25624	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	435.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL	696.38	01-Apr-02
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	274.63	01-Apr-02
25635	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	419.10	01-Apr-02
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICULAR)),	635.18	01-Apr-02
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	288.56	01-Apr-02
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	377.64	01-Apr-02
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	556.75	01-Apr-02
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, W	375.58	01-Apr-02
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	667.56	01-Apr-02
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	459.18	01-Apr-02
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	426.11	01-Apr-02
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	677.55	01-Apr-02
25680	CLOSED TREATMENT OF TRANS- SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MAN	458.30	01-Apr-02
25685	OPEN TREATMENT OF TRANS- SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	782.77	01-Apr-02
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	484.82	01-Apr-02
25695	OPEN TREATMENT OF LUNATE DISLOCATION	682.79	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	817.04	01-Apr-02
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH	927.35	01-Apr-02
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH	872.93	01-Apr-02
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	654.92	01-Apr-02
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	783.19	01-Apr-02
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR W	942.76	01-Apr-02
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	832.92	01-Apr-02
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	888.08	01-Apr-02
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	768.54	01-Apr-02
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	867.88	01-Apr-02
25915	KRUKENBERG PROCEDURE	1481.08	01-Apr-02
25920	DISARTICULATION THROUGH WRIST;	707.22	01-Apr-02
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	634.93	01-Apr-02
25924	DISARTICULATION THROUGH WRIST; RE- AMPUTATION	702.65	01-Apr-02
25927	TRANSMETACARPAL AMPUTATION;	819.69	01-Apr-02
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	572.87	01-Apr-02
25931	TRANSMETACARPAL AMPUTATION; RE- AMPUTATION	771.78	01-Apr-02
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	BR	01-Apr-02
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	205.72	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	300.19	01-Apr-02
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	564.26	01-Apr-02
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	583.09	01-Apr-02
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	654.82	01-Apr-02
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	687.96	01-Apr-02
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	891.37	01-Apr-02
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	707.52	01-Apr-02
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	488.49	01-Apr-02
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	639.02	01-Apr-02
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	348.29	01-Apr-02
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	319.96	01-Apr-02
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; CAR	469.80	01-Apr-02
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; MET	502.66	01-Apr-02
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	540.35	01-Apr-02
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	396.23	01-Apr-02
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	501.82	01-Apr-02
26110	ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	482.23	01-Apr-02
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTA	389.85	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; DEEP (S	621.13	01-Apr-02
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FING	823.91	01-Apr-02
26121	FASCIECTOMY, PALM ONLY, WITH/WITHOUT Z- PLASTY, OTHER LOCAL TISSUE REARRANGE OR	810.03	01-Apr-02
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTE	922.88	01-Apr-02
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTE	298.87	01-Apr-02
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	698.75	01-Apr-02
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	785.27	01-Apr-02
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	715.69	01-Apr-02
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/O	722.96	01-Apr-02
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	361.88	01-Apr-02
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	459.58	01-Apr-02
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	484.77	01-Apr-02
26185	SESAMOIDECTOMY, THUMB OR FINGER(SEPARATE PROCEDURE)	505.53	01-Apr-02
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	632.82	01-Apr-02
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT	791.94	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL	625.37	01-Apr-02
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL	733.60	01-Apr-02
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	651.07	01-Apr-02
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, F	632.29	01-Apr-02
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, F	586.46	01-Apr-02
26250	RADICAL RESECTION, METACARPAL; (EG, TUMOR)	834.15	01-Apr-02
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUDES OB	1081.03	01-Apr-02
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	802.95	01-Apr-02
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER; W	933.58	01-Apr-02
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	652.63	01-Apr-02
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	537.35	01-Apr-02
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	263.20	01-Apr-02
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	822.04	01-Apr-02
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY	888.77	01-Apr-02
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG	965.18	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EA	964.26	01-Apr-02
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WIT	988.87	01-Apr-02
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRI	899.72	01-Apr-02
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SEC	969.51	01-Apr-02
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SEC	1016.28	01-Apr-02
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GR	883.48	01-Apr-02
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER (I	1086.82	01-Apr-02
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TE	640.19	01-Apr-02
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE	754.48	01-Apr-02
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	825.51	01-Apr-02
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAIN	940.67	01-Apr-02
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	615.95	01-Apr-02
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FRE	790.08	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	752.67	01-Apr-02
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	803.15	01-Apr-02
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEO	513.81	01-Apr-02
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT	592.33	01-Apr-02
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR S	651.14	01-Apr-02
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	645.18	01-Apr-02
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	704.59	01-Apr-02
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	897.39	01-Apr-02
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	666.99	01-Apr-02
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	827.25	01-Apr-02
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	385.85	01-Apr-02
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	388.51	01-Apr-02
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	366.91	01-Apr-02
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	641.32	01-Apr-02
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	638.14	01-Apr-02
26476	LENGTHENIG OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	611.08	01-Apr-02
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	604.96	01-Apr-02
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	650.21	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	663.90	01-Apr-02
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOU	838.96	01-Apr-02
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; W	951.43	01-Apr-02
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	878.78	01-Apr-02
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRA	904.27	01-Apr-02
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	830.42	01-Apr-02
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH TEND	923.26	01-Apr-02
26494	OPPONENS PLASTY; HYPOTHENAR MUSCLE TRANSFER	842.94	01-Apr-02
26496	OPPONENS PLASTY; OTHER METHODS	901.09	01-Apr-02
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	900.33	01-Apr-02
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	1196.08	01-Apr-02
26499	CORRECTION CLAW FINGER, OTHER METHODS	901.35	01-Apr-02
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCE	660.78	01-Apr-02
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING G	764.51	01-Apr-02
26504	TENDON PULLEY RECONSTRUCTION; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)	666.44	01-Apr-02
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	671.19	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	630.15	01-Apr-02
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	724.43	01-Apr-02
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	830.87	01-Apr-02
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	831.77	01-Apr-02
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	733.35	01-Apr-02
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	737.54	01-Apr-02
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	817.83	01-Apr-02
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	897.68	01-Apr-02
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	533.81	01-Apr-02
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	796.31	01-Apr-02
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	722.56	01-Apr-02
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT SINGLE, WITH TEND	881.03	01-Apr-02
26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TIS	712.02	01-Apr-02
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GR	744.42	01-Apr-02
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAININGBONE GRAFT WITH OR	864.97	01-Apr-02
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	805.06	01-Apr-02
26550	POLLICIZATION OF A DIGIT	1636.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND"	3288.40	01-Apr-02
26553	TOE-TO-HAND TRANSFER WITH MICROVASCLULAR ANASTOMOSIS GREAT TOE WRAP-AROUND WITH	3064.29	01-Apr-02
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS: GREAT TOE "WRAP-AROUND" WIT	3886.22	01-Apr-02
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	1509.09	01-Apr-02
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	3330.59	01-Apr-02
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	642.06	01-Apr-02
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	913.39	01-Apr-02
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, N	787.61	01-Apr-02
26565	OSTEOTOMY; METACARPAL, EACH	720.37	01-Apr-02
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	704.77	01-Apr-02
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	971.13	01-Apr-02
26580	REPAIR CLEFT HAND	1392.33	01-Apr-02
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	714.31	01-Apr-02
26590	REPAIR MACRODACTYLIA, EACH DIGIT	1299.85	01-Apr-02
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	515.13	01-Apr-02
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	600.87	01-Apr-02
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	714.72	01-Apr-02
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	214.23	01-Apr-02
26605	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	310.49	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL FIXATI	491.27	01-Apr-02
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	496.69	01-Apr-02
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTER	497.21	01-Apr-02
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	363.77	01-Apr-02
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTUR	409.31	01-Apr-02
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	521.46	01-Apr-02
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	637.57	01-Apr-02
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULA	338.57	01-Apr-02
26675	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SI	405.50	01-Apr-02
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB,	519.01	01-Apr-02
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; WITH OR WITHOUT	595.95	01-Apr-02
26686	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT	665.95	01-Apr-02
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	297.10	01-Apr-02
26705	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	364.49	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	423.17	01-Apr-02
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTER	510.90	01-Apr-02
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGE	161.82	01-Apr-02
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGE	295.88	01-Apr-02
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL O	483.64	01-Apr-02
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	526.13	01-Apr-02
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPH	194.37	01-Apr-02
26742	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMA	384.32	01-Apr-02
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	531.03	01-Apr-02
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPUL	175.21	01-Apr-02
26755	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATI	276.29	01-Apr-02
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, E	435.16	01-Apr-02
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT I	408.56	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	259.52	01-Apr-02
26775	TREATMENT OF CLOSED INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	332.71	01-Apr-02
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WIT	459.80	01-Apr-02
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	413.64	01-Apr-02
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	839.29	01-Apr-02
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	755.47	01-Apr-02
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WI	848.54	01-Apr-02
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	774.23	01-Apr-02
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (IN	845.30	01-Apr-02
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	713.42	01-Apr-02
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	813.30	01-Apr-02
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	581.50	01-Apr-02
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDI	122.48	01-Apr-02
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTO	749.72	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTO	266.61	01-Apr-02
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	747.14	01-Apr-02
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE,	555.42	01-Apr-02
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE,	676.87	01-Apr-02
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	BR	01-Apr-02
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	765.84	01-Apr-02
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	595.81	01-Apr-02
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCES	1152.17	01-Apr-02
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	460.15	01-Apr-02
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	547.06	01-Apr-02
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	625.55	01-Apr-02
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	737.91	01-Apr-02
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	748.55	01-Apr-02
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	818.59	01-Apr-02
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1018.28	01-Apr-02
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	1041.33	01-Apr-02
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF S	1265.29	01-Apr-02
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE,	1051.69	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	287.73	01-Apr-02
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	677.92	01-Apr-02
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	596.34	01-Apr-02
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	526.43	01-Apr-02
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NE	1051.29	01-Apr-02
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	418.53	01-Apr-02
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	558.93	01-Apr-02
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	751.12	01-Apr-02
27060	EXCISION; ISCHIAL BURSA	482.81	01-Apr-02
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	468.79	01-Apr-02
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUB	538.31	01-Apr-02
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	859.66	01-Apr-02
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISIO	1108.96	01-Apr-02
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCE	989.72	01-Apr-02
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCE	1064.01	01-Apr-02
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIAL RAM	1347.49	01-Apr-02
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH PUBI	1676.87	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	1733.84	01-Apr-02
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHAN	1078.08	01-Apr-02
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHAN	1089.65	01-Apr-02
27080	COCCYGECTOMY, PRIMARY	538.57	01-Apr-02
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	225.93	01-Apr-02
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	644.28	01-Apr-02
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	882.02	01-Apr-02
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLME	1647.60	01-Apr-02
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	383.89	01-Apr-02
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	343.44	01-Apr-02
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	470.06	01-Apr-02
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	726.28	01-Apr-02
27098	TRANSFER, ADDUCTOR TO ISCHIUM	733.15	01-Apr-02
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TEND	895.90	01-Apr-02
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	908.57	01-Apr-02
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	983.87	01-Apr-02
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	943.82	01-Apr-02
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	1366.01	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	1205.79	01-Apr-02
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLAST	1180.01	01-Apr-02
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP	1568.10	01-Apr-02
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AU	1794.55	01-Apr-02
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT O	2158.21	01-Apr-02
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT A	1644.84	01-Apr-02
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLO	1714.39	01-Apr-02
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	967.54	01-Apr-02
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	1293.89	01-Apr-02
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	1544.27	01-Apr-02
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	1696.06	01-Apr-02
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH	1824.22	01-Apr-02
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	1489.88	01-Apr-02
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	1266.09	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL F	1360.37	01-Apr-02
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLU	1247.67	01-Apr-02
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	579.98	01-Apr-02
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	910.02	01-Apr-02
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE	1107.21	01-Apr-02
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR	895.43	01-Apr-02
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN	956.53	01-Apr-02
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	1060.05	01-Apr-02
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR	704.27	01-Apr-02
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	1105.36	01-Apr-02
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	464.65	01-Apr-02
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	720.11	01-Apr-02
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	174.77	01-Apr-02
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	882.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	830.40	01-Apr-02
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCAT	1127.33	01-Apr-02
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATI	1111.03	01-Apr-02
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXAT	1479.17	01-Apr-02
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	519.72	01-Apr-02
27222	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION WITH	901.03	01-Apr-02
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL	1173.59	01-Apr-02
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) C	1705.00	01-Apr-02
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO)	1933.57	01-Apr-02
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	478.51	01-Apr-02
27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WIT	807.52	01-Apr-02
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLA	969.24	01-Apr-02
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PRO	1204.29	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMOR	458.59	01-Apr-02
27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMOR	923.10	01-Apr-02
27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL	1220.17	01-Apr-02
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL	1482.27	01-Apr-02
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	441.29	01-Apr-02
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXT	843.54	01-Apr-02
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	494.90	01-Apr-02
27252	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	719.86	01-Apr-02
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	997.69	01-Apr-02
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL H	1324.51	01-Apr-02
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR	313.27	01-Apr-02
27257	TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION, SPLINT OR TRACTION; WITH	396.23	01-Apr-02
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENIT	1179.87	01-Apr-02
27259	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION; WITH FEMORAL SHAFT SHORTENING	1598.62	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	CLOSED TREATMENT OF POST HIP		
27265	ARTHROPLASTY DISLOCATION; WITHOUT	412.75	01-Apr-02
	ANESTHESIA		
	CLOSED TREATMENT OF POST HIP		
27266	ARTHROPLASTY DISLOCATION; REQUIRING	572.68	01-Apr-02
	REGIONAL OR GEN		
27275	MANIPULATION, HIP JOINT, REQUIRING	211.50	01-Apr-02
21213	GENERAL ANESTHESIA	211.50	01-Api-02
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING	1074.90	01-Apr-02
21200	OBTAINING GRAFT)	1074.90	01-Api-02
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING	913.35	01-Apr-02
21202	OBTAINING GRAFT)	910.00	01-Api-02
27284	ARTHRODESIS, HIP JOINT (INCLUDING	1294.00	01-Apr-02
27204	OBTAINING GRAFT);	1204.00	017tp1 02
	ARTHRODESIS, HIP JOINT (INCLUDES		
27286	OBTAINING GRAFT); WITH SUBTROCHANTERIC	1303.04	01-Apr-02
	OSTEOTOM		
27290	INTERPELVIABDOMINAL AMPUTATION	1739.80	01-Apr-02
	(HINDQUARTER AMPUTATION)		
27295	DISARTICULATION OF HIP	1368.05	01-Apr-02
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	BR	01-Apr-02
	INCISION AND DRAINAGE, DEEP ABSCESS,		
27301	BURSA, OR HEMATOMA, THIGH OR KNEE	731.49	01-Apr-02
	REGION		
	INCISION, DEEP, WITH OPENING OF BONE		
27303	CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS	805.57	01-Apr-02
	OR		
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	542.13	01-Apr-02
	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR		
27306	HAMSTRING; SINGLE TENDON (SEPARATE	419.69	01-Apr-02
	PROCEDURE		
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR	499.58	01-Apr-02
	HAMSTRING; MULTIPLE TENDONS	.55.00	- · · · · · · · · · · · ·
	ARTHROTOMY, KNEE, WITH EXPLORATION,		
27310	DRAINAGE, OR REMOVAL OF FOREIGN BODY	771.48	01-Apr-02
07017	(EG, IN	100 ==	04.4
27315	NEURECTOMY, HAMSTRING MUSCLE	482.59	01-Apr-02
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	447.35	01-Apr-02
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE	260.92	01-Apr-02
	AREA; SUPERFICIAL		- 1



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	420.07	01-Apr-02
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	443.03	01-Apr-02
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	470.64	01-Apr-02
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNE	1114.84	01-Apr-02
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	439.61	01-Apr-02
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FO	520.73	01-Apr-02
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	690.74	01-Apr-02
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND	625.07	01-Apr-02
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	736.96	01-Apr-02
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AR	831.00	01-Apr-02
27340	EXCISION, PREPATELLAR BURSA	379.57	01-Apr-02
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	511.06	01-Apr-02
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	358.81	01-Apr-02
27350	PATELLECTOMY OR HEMIPATELLECTOMY	685.81	01-Apr-02
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	682.66	01-Apr-02
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	795.88	01-Apr-02
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INC	866.18	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXAT	329.84	01-Apr-02
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, P	1025.03	01-Apr-02
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	1242.62	01-Apr-02
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	374.12	01-Apr-02
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	485.67	01-Apr-02
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	615.44	01-Apr-02
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR T	839.66	01-Apr-02
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	658.63	01-Apr-02
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCL	872.98	01-Apr-02
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	477.00	01-Apr-02
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	604.96	01-Apr-02
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	768.79	01-Apr-02
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	557.51	01-Apr-02
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	712.67	01-Apr-02
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	980.33	01-Apr-02
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	690.92	01-Apr-02
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	899.47	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	771.31	01-Apr-02
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	691.97	01-Apr-02
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	732.82	01-Apr-02
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	816.83	01-Apr-02
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIG	1026.37	01-Apr-02
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	890.48	01-Apr-02
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	803.45	01-Apr-02
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE A	800.74	01-Apr-02
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	801.94	01-Apr-02
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	477.19	01-Apr-02
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	766.70	01-Apr-02
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	1089.69	01-Apr-02
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTR	1160.97	01-Apr-02
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	781.50	01-Apr-02
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	747.29	01-Apr-02
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	729.50	01-Apr-02
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	915.34	01-Apr-02
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	859.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	866.83	01-Apr-02
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	970.34	01-Apr-02
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PA	905.90	01-Apr-02
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	1381.71	01-Apr-02
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	1253.23	01-Apr-02
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR	1649.37	01-Apr-02
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	930.17	01-Apr-02
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	1134.13	01-Apr-02
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG,	1357.17	01-Apr-02
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES COR	1019.06	01-Apr-02
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES COR	1039.95	01-Apr-02
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	1109.88	01-Apr-02
27466	OSTEOPLASTY, FEMUR; LENGTHENING	1253.44	01-Apr-02
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TR	1474.93	01-Apr-02
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG,	1299.78	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHE	1427.99	01-Apr-02
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYDIODESIS); DISTAL FEMUR	710.64	01-Apr-02
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	798.89	01-Apr-02
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL	970.75	01-Apr-02
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS	714.88	01-Apr-02
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	1495.80	01-Apr-02
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTI	1919.83	01-Apr-02
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH	1236.68	01-Apr-02
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	1275.50	01-Apr-02
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR	513.17	01-Apr-02
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR	569.61	01-Apr-02
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	666.95	01-Apr-02
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDE	720.94	01-Apr-02
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	568.07	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	597.36	01-Apr-02
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT S	841.66	01-Apr-02
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	841.29	01-Apr-02
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WIT	1305.12	01-Apr-02
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERC	1106.09	01-Apr-02
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WIT	495.63	01-Apr-02
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERA	623.84	01-Apr-02
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WIT	671.95	01-Apr-02
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERC	1101.09	01-Apr-02
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCOND	1367.47	01-Apr-02
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH	1321.96	01-Apr-02
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	495.27	01-Apr-02
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WIT	736.34	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL	1144.71	01-Apr-02
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	306.02	01-Apr-02
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR CO	782.82	01-Apr-02
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	364.63	01-Apr-02
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPUL	588.82	01-Apr-02
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITH	941.24	01-Apr-02
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHO	1133.15	01-Apr-02
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE	456.02	01-Apr-02
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KN	967.17	01-Apr-02
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	480.98	01-Apr-02
27552	TREATMENT OF CLOSED KNEE DISLOCATION; REQUIRING ANESTHESIA	594.64	01-Apr-02
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATIO	1144.47	01-Apr-02
27557	OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR E	1305.27	01-Apr-02
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATIO	1353.89	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	341.17	01-Apr-02
27562	TREATMENT OF CLOSED PATELLAR DISLOCATION; REQUIRING ANESTHESIA	453.09	01-Apr-02
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLE	922.43	01-Apr-02
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	177.44	01-Apr-02
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	1454.10	01-Apr-02
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	959.65	01-Apr-02
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDI	1050.03	01-Apr-02
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	849.93	01-Apr-02
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	586.08	01-Apr-02
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	874.32	01-Apr-02
27598	DISARTICULATION AT KNEE	865.31	01-Apr-02
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	BR	01-Apr-02
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	511.49	01-Apr-02
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	482.08	01-Apr-02
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMEN	592.19	01-Apr-02
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	663.10	01-Apr-02
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	495.14	01-Apr-02
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	408.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	528.30	01-Apr-02
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	768.38	01-Apr-02
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	717.64	01-Apr-02
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON L	615.26	01-Apr-02
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	251.82	01-Apr-02
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	578.61	01-Apr-02
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE	1075.56	01-Apr-02
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	541.47	01-Apr-02
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	774.19	01-Apr-02
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	529.14	01-Apr-02
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	709.85	01-Apr-02
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	765.97	01-Apr-02
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/O	552.48	01-Apr-02
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	712.16	01-Apr-02
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGR	844.87	01-Apr-02
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGR	896.73	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTE	1071.97	01-Apr-02
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, F	893.34	01-Apr-02
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	1215.34	01-Apr-02
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	1090.51	01-Apr-02
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	938.62	01-Apr-02
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	295.34	01-Apr-02
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	768.83	01-Apr-02
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INC	821.44	01-Apr-02
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	820.95	01-Apr-02
27656	REPAIR, FASCIAL DEFECT OF LEG	571.66	01-Apr-02
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	655.73	01-Apr-02
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	828.66	01-Apr-02
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	569.32	01-Apr-02
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	662.10	01-Apr-02
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	590.16	01-Apr-02
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	691.22	01-Apr-02
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	503.78	01-Apr-02
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUG	569.90	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCE	609.88	01-Apr-02
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAM	858.08	01-Apr-02
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	547.57	01-Apr-02
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	696.37	01-Apr-02
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	807.41	01-Apr-02
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	130.67	01-Apr-02
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	596.77	01-Apr-02
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGA	687.07	01-Apr-02
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCED	759.74	01-Apr-02
27700	ARTHROPLASTY, ANKLE;	716.33	01-Apr-02
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	1100.44	01-Apr-02
27703	ARTHRÓPLASTY, ANKLE; REVISION, TOTAL ANKLE	1223.17	01-Apr-02
27704	REMOVAL OF ANKLE IMPLANT	579.59	01-Apr-02
27705	OSTEOTOMY; TIBIA	871.02	01-Apr-02
27707	OSTEOTOMY; FIBULA	456.31	01-Apr-02
27709	OSTEOTOMY; TIBIA AND FIBULA	852.10	01-Apr-02
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE PR	1102.51	01-Apr-02
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	1158.19	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE	1008.92	01-Apr-02
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	973.07	01-Apr-02
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES O	1225.32	01-Apr-02
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	1212.25	01-Apr-02
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	1056.50	01-Apr-02
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD; DISTAL TIBIA	756.44	01-Apr-02
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	611.63	01-Apr-02
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	689.25	01-Apr-02
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL T	922.71	01-Apr-02
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL T	991.44	01-Apr-02
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT MET	837.57	01-Apr-02
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	329.35	01-Apr-02
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	532.70	01-Apr-02
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	654.30	01-Apr-02
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH	950.83	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	1101.31	01-Apr-02
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	305.82	01-Apr-02
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOU	475.21	01-Apr-02
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	674.15	01-Apr-02
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	281.66	01-Apr-02
27781	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	405.40	01-Apr-02
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR	593.64	01-Apr-02
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPUL	296.99	01-Apr-02
27788	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATI	408.68	01-Apr-02
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT I	626.72	01-Apr-02
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIP	326.89	01-Apr-02
27810	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULA	487.06	01-Apr-02
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN	859.70	01-Apr-02
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	324.63	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27818	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	518.12	01-Apr-02
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTER	823.28	01-Apr-02
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTER	1004.01	01-Apr-02
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	337.07	01-Apr-02
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	564.49	01-Apr-02
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	776.25	01-Apr-02
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	1129.71	01-Apr-02
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	1269.14	01-Apr-02
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WI	523.91	01-Apr-02
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	330.60	01-Apr-02
27831	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	379.30	01-Apr-02
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTER	561.38	01-Apr-02
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	369.05	01-Apr-02
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PER	428.87	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXAT	792.10	01-Apr-02
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXAT	883.54	01-Apr-02
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	214.16	01-Apr-02
27870	ARTHRODESIS, ANKLE, ANY METHOD	1110.88	01-Apr-02
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	770.66	01-Apr-02
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	924.66	01-Apr-02
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLU	1006.99	01-Apr-02
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	821.35	01-Apr-02
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	678.16	01-Apr-02
27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	784.25	01-Apr-02
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF TYPE	808.13	01-Apr-02
27889	ANKLE DISARTICULATION	815.34	01-Apr-02
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	579.23	01-Apr-02
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT O	587.68	01-Apr-02
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMEN	758.67	01-Apr-02
27899	UNLISTED PROCEDURE, LEG OR ANKLE	BR	01-Apr-02
28001	INCISION AND DRAINAGE, BURSA, FOOT	251.00	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, F	396.16	01-Apr-02
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON	679.59	01-Apr-02
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	687.24	01-Apr-02
28008	FASCIOTOMY, FOOT AND/OR TOE	411.33	01-Apr-02
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	335.17	01-Apr-02
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	429.89	01-Apr-02
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY	495.09	01-Apr-02
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; META	442.11	01-Apr-02
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTE	414.61	01-Apr-02
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	406.68	01-Apr-02
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	533.29	01-Apr-02
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	353.98	01-Apr-02
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	439.54	01-Apr-02
28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT	820.68	01-Apr-02
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	391.35	01-Apr-02
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	418.46	01-Apr-02
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	369.96	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	484.76	01-Apr-02
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	595.32	01-Apr-02
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	486.09	01-Apr-02
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	438.08	01-Apr-02
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	386.05	01-Apr-02
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	543.55	01-Apr-02
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	428.54	01-Apr-02
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (E	418.09	01-Apr-02
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (E	386.95	01-Apr-02
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	594.84	01-Apr-02
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILI	626.84	01-Apr-02
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALL	641.83	01-Apr-02
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT	493.26	01-Apr-02
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES,	545.01	01-Apr-02
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES,	531.97	01-Apr-02
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	398.55	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCED	427.01	01-Apr-02
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	557.31	01-Apr-02
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	489.22	01-Apr-02
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	484.79	01-Apr-02
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALAN	927.87	01-Apr-02
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	619.43	01-Apr-02
28118	OSTECTOMY, CALCANEUS;	574.74	01-Apr-02
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	497.52	01-Apr-02
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY	613.20	01-Apr-02
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY	648.09	01-Apr-02
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY	471.13	01-Apr-02
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	382.59	01-Apr-02
28130	TALECTOMY (ASTRAGALECTOMY)	647.83	01-Apr-02
28140	METATARSECTOMY	649.25	01-Apr-02
28150	PHALANGECTOMY, TOE, EACH TOE	428.34	01-Apr-02
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	390.15	01-Apr-02
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALAN	408.99	01-Apr-02
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	734.84	01-Apr-02
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	744.47	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	540.59	01-Apr-02
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	237.12	01-Apr-02
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	411.20	01-Apr-02
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	472.42	01-Apr-02
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	459.02	01-Apr-02
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EAC	656.42	01-Apr-02
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	420.80	01-Apr-02
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, E	568.55	01-Apr-02
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	420.81	01-Apr-02
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	507.59	01-Apr-02
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	363.36	01-Apr-02
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	413.29	01-Apr-02
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROC	399.07	01-Apr-02
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	352.58	01-Apr-02
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	352.06	01-Apr-02
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY	702.18	01-Apr-02
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	400.41	01-Apr-02
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCED	536.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	613.57	01-Apr-02
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	847.74	01-Apr-02
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	1294.63	01-Apr-02
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	861.43	01-Apr-02
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	437.29	01-Apr-02
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	360.24	01-Apr-02
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	494.26	01-Apr-02
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOM	453.00	01-Apr-02
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE PRO	434.70	01-Apr-02
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSA	472.20	01-Apr-02
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	663.95	01-Apr-02
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOST	555.13	01-Apr-02
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRI	624.54	01-Apr-02
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF	774.31	01-Apr-02
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON	724.21	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARS	768.74	01-Apr-02
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE	837.57	01-Apr-02
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OS	682.83	01-Apr-02
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OS	760.42	01-Apr-02
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INT	891.92	01-Apr-02
28302	OSTEOTOMY; TALUS	1023.28	01-Apr-02
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	713.13	01-Apr-02
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES	928.19	01-Apr-02
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATA	560.63	01-Apr-02
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATA	760.61	01-Apr-02
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATA	481.04	01-Apr-02
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATA	917.37	01-Apr-02
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST	504.77	01-Apr-02
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	458.44	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, OVERL	469.24	01-Apr-02
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	442.14	01-Apr-02
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	718.31	01-Apr-02
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	737.17	01-Apr-02
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	616.67	01-Apr-02
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	673.13	01-Apr-02
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	569.62	01-Apr-02
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	559.38	01-Apr-02
28360	RECONSTRUCTION, CLEFT FOOT	1050.69	01-Apr-02
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	277.68	01-Apr-02
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	424.57	01-Apr-02
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	565.46	01-Apr-02
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT	1201.98	01-Apr-02
28420	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR	1250.55	01-Apr-02
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	261.45	01-Apr-02
28435	TREATMENT OF CLOSED TALUS FRACTURE; WITH MANIPULATION	345.81	01-Apr-02
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	454.72	01-Apr-02
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	769.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULA	243.65	01-Apr-02
28455	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANI	316.59	01-Apr-02
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANE	297.55	01-Apr-02
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WIT	564.48	01-Apr-02
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	228.49	01-Apr-02
28475	TREATMENT OF CLOSED METATARSAL FRACTURE; WITH MANIPULATION, EACH	296.23	01-Apr-02
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	347.97	01-Apr-02
28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	497.41	01-Apr-02
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATI	124.76	01-Apr-02
28495	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	151.63	01-Apr-02
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH	399.98	01-Apr-02
28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTE	486.94	01-Apr-02
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOU	116.55	01-Apr-02
28515	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH M	141.33	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR	444.77	01-Apr-02
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	131.45	01-Apr-02
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	435.87	01-Apr-02
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANES	186.99	01-Apr-02
28545	TREATMENT OF CLOSED TARSAL BONE DISLOCATION; REQUIRING ANESTHESIA	221.09	01-Apr-02
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL	313.89	01-Apr-02
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL	713.61	01-Apr-02
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	189.56	01-Apr-02
28575	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	341.51	01-Apr-02
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATIO	589.81	01-Apr-02
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	640.41	01-Apr-02
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	204.41	01-Apr-02
28605	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	266.54	01-Apr-02
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPU	685.14	01-Apr-02
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	639.61	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	CLOSED TREATMENT OF		
28630	METATARSOPHALANGEAL JOINT DISLOCATION;	139.64	01-Apr-02
	WITHOUT ANESTHESIA		
	TREATMENT OF CLOSED		
28635	METATARSOPHALANGEAL JOINT DISLOCATION;	164.88	01-Apr-02
	REQUIRING ANESTHESIA		
	PERCUTANEOUS SKELETAL FIXATION OF		
28636	METATARSOPHALANGEAL JOINT DISLOCATION,	331.01	01-Apr-02
	WITH MA		
	OPEN TREATMENT OF		
28645	METATARSOPHALANGEAL JOINT DISLOCATION,	382.95	01-Apr-02
	WITH OR WITHOUT INTERNA		
28660	CLOSED TREATMENT OF INTERPHALANGEAL	138.15	01-Apr-02
20000	JOINT DISLOCATION; WITHOUT ANESTHESIA	130.13	01-Apr-02
28665	TREATMENT OF CLOSED INTERPHALANGEAL	164.15	01 Apr 02
20000	JOINT DISLOCATION; REQUIRING ANESTHESIA	104.13	01-Apr-02
	PERCUTANEOUS SKELETAL FIXATION OF	323.78	
28666	INTERPHALANGEAL JOINT DISLOCATION, WITH		01-Apr-02
	MANIPU		
	OPEN TREATMENT OF INTERPHALANGEAL		
28675	JOINT DISLOCATION, WITH OR WITHOUT	403.62	01-Apr-02
	INTERNAL OR		
28705	ARTHRODESIS; PANTALAR	1177.94	01-Apr-02
28715	ARTHRODESIS; TRIPLE	1033.46	01-Apr-02
28725	ARTHRODESIS; SUBTALAR	906.39	01-Apr-02
	ARTHRODESIS, MIDTARSAL OR		
28730	TARSOMETATARSAL, MULTIPLE OR	844.16	01-Apr-02
	TRANSVERSE;		
	ARTHRODESIS, MIDTARSAL OR		
28735	TARSOMETATARSAL, MULTIPLE OR	863.62	01-Apr-02
	TRANSVERSE; WITH OSTEOTOM		
	ARTHRODESIS, WITH TENDON LENGTHENING		
28737	AND ADVANCEMENT, MIDTARSAL, TARSAL	742.75	01-Apr-02
	NAVICULA		
28740	ARTHRODESIS, MIDTARSAL OR	778.45	01-Apr-02
20140	TARSOMETATARSAL, SINGLE JOINT	110.43	01-Αρι-υ2
28750	ARTHRODESIS, GREAT TOE;	783.60	01-Apr-02
20700	METATARSOPHALANGEAL JOINT	103.00	υ ι- <u>π</u> ρι - υΖ
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL	484.21	01-Apr-02
20133	JOINT	484.21	0 1-Ωμ1-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GR	664.83	01-Apr-02
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	664.56	01-Apr-02
28805	AMPUTATION, FOOT; TRANSMETATARSAL	674.32	01-Apr-02
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	521.73	01-Apr-02
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	522.50	01-Apr-02
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	459.82	01-Apr-02
28899	UNLISTED PROCEDURE, FOOT OR TOES	BR	01-Apr-02
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	192.76	01-Apr-02
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	184.96	01-Apr-02
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	195.63	01-Apr-02
29020	APPLICATION OF TURNBUCKLE JACKET, BODY; ONLY	174.94	01-Apr-02
29025	APPLICATION OF TURNBUCKLE JACKET, BODY; INCLUDING HEAD	189.62	01-Apr-02
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	167.77	01-Apr-02
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	164.35	01-Apr-02
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	190.36	01-Apr-02
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	209.19	01-Apr-02
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	86.50	01-Apr-02
29055	APPLICATION; SHOULDER SPICA	150.99	01-Apr-02
29058	APPLICATION; PLASTER VELPEAU	113.42	01-Apr-02
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	82.75	01-Apr-02
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	75.15	01-Apr-02
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	78.96	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	53.80	01-Apr-02
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	78.96	01-Apr-02
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	60.89	01-Apr-02
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	89.37	01-Apr-02
29130	APPLICATION OF FINGER SPLINT; STATIC	48.44	01-Apr-02
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	76.70	01-Apr-02
29200	STRAPPING; THORAX	67.14	01-Apr-02
29220	STRAPPING; LOW BACK	60.62	01-Apr-02
29240	STRAPPING; SHOULDER (EG, VELPEAU)	72.10	01-Apr-02
29260	STRAPPING; ELBOW OR WRIST	57.37	01-Apr-02
29280	STRAPPING; HAND OR FINGER	59.58	01-Apr-02
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	177.24	01-Apr-02
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	194.00	01-Apr-02
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	119.04	01-Apr-02
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	125.55	01-Apr-02
29358	APPLICATION OF LONG LEG CAST BRACE	130.63	01-Apr-02
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	103.46	01-Apr-02
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	79.76	01-Apr-02
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	86.35	01-Apr-02
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	114.27	01-Apr-02
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	52.73	01-Apr-02
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	151.36	01-Apr-02
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	82.18	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	79.61	01-Apr-02
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	67.77	01-Apr-02
29520	STRAPPING; HIP	68.04	01-Apr-02
29530	STRAPPING; KNEE	61.11	01-Apr-02
29540	STRAPPING; ANKLE	38.69	01-Apr-02
29550	STRAPPING; TOES	36.49	01-Apr-02
29580	STRAPPING; UNNA BOOT	55.58	01-Apr-02
29590	DENIS-BROWNE SPLINT STRAPPING	55.79	01-Apr-02
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	50.87	01-Apr-02
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	64.26	01-Apr-02
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	111.03	01-Apr-02
29715	REMOVAL OR BIVALVING; TURNBUCKLE JACKET	149.68	01-Apr-02
29720	REPAIR OF SPICA, BODY CAST OR JACKET	73.53	01-Apr-02
29730	WINDOWING OF CAST	61.64	01-Apr-02
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	90.97	01-Apr-02
29750	WEDGING OF CLUBFOOT CAST	103.82	01-Apr-02
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	BR	01-Apr-02
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	558.26	01-Apr-02
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	674.68	01-Apr-02
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PRO	359.67	01-Apr-02
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	999.01	01-Apr-02
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	972.54	01-Apr-02
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	678.54	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	637.69	01-Apr-02
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	683.90	01-Apr-02
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	665.14	01-Apr-02
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	716.03	01-Apr-02
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULA	608.32	01-Apr-02
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS WITH OR W	678.47	01-Apr-02
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	774.81	01-Apr-02
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCED	467.17	01-Apr-02
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	517.25	01-Apr-02
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	527.23	01-Apr-02
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	606.43	01-Apr-02
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	557.89	01-Apr-02
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	615.19	01-Apr-02
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCED	503.27	01-Apr-02
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	543.27	01-Apr-02
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	562.83	01-Apr-02
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	632.16	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT	666.63	01-Apr-02
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	671.85	01-Apr-02
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	493.70	01-Apr-02
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	628.62	01-Apr-02
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	1005.66	01-Apr-02
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	867.49	01-Apr-02
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	1078.19	01-Apr-02
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE	617.77	01-Apr-02
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	744.16	01-Apr-02
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHO	793.50	01-Apr-02
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	798.04	01-Apr-02
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDU	424.83	01-Apr-02
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	573.16	01-Apr-02
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTE	592.48	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	549.11	01-Apr-02
29876	RESECTION) ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, M	677.90	01-Apr-02
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDRO	623.24	01-Apr-02
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE	672.16	01-Apr-02
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	704.60	01-Apr-02
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY	652.29	01-Apr-02
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	695.83	01-Apr-02
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	773.00	01-Apr-02
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS WITH OR WITHOUT MANIPULATIO	636.65	01-Apr-02
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GR	742.12	01-Apr-02
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESIO	636.26	01-Apr-02
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESIO	757.38	01-Apr-02
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECONS	1100.80	01-Apr-02
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/ AUGMENTATION OR RECON	1120.30	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR T	704.77	01-Apr-02
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR D	727.07	01-Apr-02
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	415.34	01-Apr-02
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL O	604.73	01-Apr-02
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, P	600.57	01-Apr-02
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, L	629.32	01-Apr-02
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, E	686.23	01-Apr-02
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	430.94	01-Apr-02
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	475.48	01-Apr-02
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED UL	510.53	01-Apr-02
29999	UNLISTED PROCEDURE, ARTHROSCOPY	BR	01-Apr-02
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	132.26	01-Apr-02
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	138.47	01-Apr-02
30100	BIOPSY, INTRANASAL	81.66	01-Apr-02
30110	EXCISION, NASAL POLYP(S), SIMPLE	155.30	01-Apr-02
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	330.13	01-Apr-02
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	288.75	01-Apr-02
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERN	686.62	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	441.51	01-Apr-02
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	232.62	01-Apr-02
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	528.80	01-Apr-02
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	263.55	01-Apr-02
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	295.43	01-Apr-02
30150	RHINECTOMY; PARTIAL	697.71	01-Apr-02
30160	RHINECTOMY; TOTAL	737.70	01-Apr-02
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	68.86	01-Apr-02
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	105.02	01-Apr-02
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	145.47	01-Apr-02
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	117.61	01-Apr-02
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	148.96	01-Apr-02
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	380.20	01-Apr-02
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	750.33	01-Apr-02
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL A	977.56	01-Apr-02
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	1175.08	01-Apr-02
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	559.96	01-Apr-02
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	883.89	01-Apr-02
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	1279.37	01-Apr-02
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	763.07	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	1415.45	01-Apr-02
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL R	818.92	01-Apr-02
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURIN	457.87	01-Apr-02
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	563.86	01-Apr-02
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	807.41	01-Apr-02
30560	LYSIS INTRANASAL SYNECHIA	120.88	01-Apr-02
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	478.21	01-Apr-02
30600	REPAIR FISTULA; ORONASAL	441.76	01-Apr-02
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	492.27	01-Apr-02
30630	REPAIR NASAL SEPTAL PERFORATIONS	548.34	01-Apr-02
30801	CAUTERY AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METH	118.46	01-Apr-02
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	177.42	01-Apr-02
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	113.01	01-Apr-02
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) A	141.43	01-Apr-02
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	219.53	01-Apr-02
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZA	237.92	01-Apr-02
30915	LIGATION ARTERIES; ETHMOIDAL	537.89	01-Apr-02
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	733.55	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	117.53	01-Apr-02
30999	UNLISTED PROCEDURE, NOSE	BR	01-Apr-02
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	117.38	01-Apr-02
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	138.48	01-Apr-02
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	266.08	01-Apr-02
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANT	443.54	01-Apr-02
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROC	508.88	01-Apr-02
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	658.78	01-Apr-02
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	414.90	01-Apr-02
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	551.22	01-Apr-02
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	359.49	01-Apr-02
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYP	702.89	01-Apr-02
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLU	806.18	01-Apr-02
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (I	931.00	01-Apr-02
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	996.16	01-Apr-02
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	1047.00	01-Apr-02
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	916.95	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	945.66	01-Apr-02
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, ETH	739.85	01-Apr-02
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	410.38	01-Apr-02
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	627.31	01-Apr-02
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	733.49	01-Apr-02
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	1404.50	01-Apr-02
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	1575.97	01-Apr-02
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	112.49	01-Apr-02
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATU	189.16	01-Apr-02
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPH	210.89	01-Apr-02
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARA	241.56	01-Apr-02
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	270.62	01-Apr-02
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	630.85	01-Apr-02
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	180.29	01-Apr-02
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	318.86	01-Apr-02
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	476.10	01-Apr-02
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	226.62	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLY	366.47	01-Apr-02
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	574.21	01-Apr-02
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	269.13	01-Apr-02
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM	314.33	01-Apr-02
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOI	1198.93	01-Apr-02
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENO	1272.55	01-Apr-02
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESS	1019.65	01-Apr-02
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL W	1108.60	01-Apr-02
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	1265.57	01-Apr-02
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	BR	01-Apr-02
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	1168.89	01-Apr-02
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	618.25	01-Apr-02
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	1408.44	01-Apr-02
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	1880.36	01-Apr-02
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	1710.20	01-Apr-02
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	2153.76	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	1686.69	01-Apr-02
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	1554.75	01-Apr-02
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	1566.11	01-Apr-02
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO- VERTICAL	1627.78	01-Apr-02
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	2187.61	01-Apr-02
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	2544.10	01-Apr-02
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	923.59	01-Apr-02
31420	EPIGLOTTIDECTOMY	920.10	01-Apr-02
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	125.42	01-Apr-02
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	83.18	01-Apr-02
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	77.55	01-Apr-02
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	159.81	01-Apr-02
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	180.94	01-Apr-02
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	184.23	01-Apr-02
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	145.77	01-Apr-02
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	150.95	01-Apr-02
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	160.79	01-Apr-02
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	208.65	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	177.27	01-Apr-02
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	211.18	01-Apr-02
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	159.83	01-Apr-02
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	178.84	01-Apr-02
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	226.76	01-Apr-02
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	247.12	01-Apr-02
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	216.76	01-Apr-02
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	244.86	01-Apr-02
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCA	283.21	01-Apr-02
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCA	306.83	01-Apr-02
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	359.39	01-Apr-02
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	407.42	01-Apr-02
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	314.77	01-Apr-02
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	291.22	01-Apr-02
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	119.58	01-Apr-02
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	168.67	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	206.97	01-Apr-02
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	232.81	01-Apr-02
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	195.94	01-Apr-02
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	1088.74	01-Apr-02
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING TRACHE	1658.21	01-Apr-02
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	1451.32	01-Apr-02
31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION	461.58	01-Apr-02
31586	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION	731.00	01-Apr-02
31587	LARYNGOPLASTY, CRICOID SPLIT	940.43	01-Apr-02
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PART	1108.25	01-Apr-02
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	672.76	01-Apr-02
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	707.01	01-Apr-02
31599	UNLISTED PROCEDURE, LARYNX	BR	01-Apr-02
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	238.42	01-Apr-02
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	296.05	01-Apr-02
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	264.23	01-Apr-02
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	227.13	01-Apr-02
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	726.06	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNG	571.15	01-Apr-02
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	90.21	01-Apr-02
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	457.91	01-Apr-02
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	690.46	01-Apr-02
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	203.14	01-Apr-02
31622	BRONCHOSCOPY, (RIGID OR FLEXIBLE); DIAGNOSTIC, WITH OR WITHOUT CELL WASHING (SEP	232.74	01-Apr-02
31623	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	233.55	01-Apr-02
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	224.54	01-Apr-02
31625	BRONCHOSCOPY; WITH BIOPSY	251.95	01-Apr-02
31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUID	281.23	01-Apr-02
31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	206.24	01-Apr-02
31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTUR	255.83	01-Apr-02
31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	279.79	01-Apr-02
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	239.08	01-Apr-02
31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	324.62	01-Apr-02
31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOS	322.73	01-Apr-02
31643	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLI	203.49	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	BRONCHOSCOPY; WITH THERAPEUTIC		
31645	ASPIRATION OF TRACHEOBRONCHIAL TREE,	194.90	01-Apr-02
	INITIAL (EG,		
	BRONCHOSCOPY; WITH THERAPEUTIC		
31646	ASPIRATION OF TRACHEOBRONCHIAL TREE,	169.15	01-Apr-02
	SUBSEQUENT		
	BRONCHOSCOPY; WITH INJECTION OF		
31656	CONTRAST MATERIAL FOR SEGMENTAL	136.91	01-Apr-02
	BRONCHOGRAPHY (F		
31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE	135.73	01-Apr-02
31700	PROCEDURE)	100.70	OT Apr 02
	INSTILLATION OF CONTRAST MATERIAL FOR		
31708	LARYNGOGRAPHY OR BRONCHOGRAPHY,	81.63	01-Apr-02
	WITHOUT CA		
	CATHETERIZATION FOR BRONCHOGRAPHY,		
31710	WITH OR WITHOUT INSTILLATION OF CONTRAST	81.17	01-Apr-02
	MATE		
31715	TRANSTRACHEAL INJECTION FOR	67.23	01-Apr-02
01710	BRONCHOGRAPHY	07.20	017(p) 02
31717	CATHETERIZATION WITH BRONCHIAL BRUSH	164.41	01-Apr-02
0.7.17	BIOPSY	107.71	017.p1 02
31720	CATHETER ASPIRATION (SEPARATE	101.51	01-Apr-02
0.1720	PROCEDURE); NASOTRACHEAL	101.01	017.pr 02
	CATHETER ASPIRATION (SEPARATE		
31725	PROCEDURE); TRACHEOBRONCHIAL WITH	110.27	01-Apr-02
	FIBERSCOPE, BEDS		
	TRANSTRACHEAL (PERCUTANEOUS)		
31730	INTRODUCTION OF NEEDLE WIRE DILATOR/	205.62	01-Apr-02
	STENT OR INDWE		
31750	TRACHEOPLASTY; CERVICAL	1072.30	01-Apr-02
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	1306.19	01-Apr-02
	FISTULIZATION, EACH STAGE		•
31760	TRACHEOPLASTY; INTRATHORACIC	1380.20	01-Apr-02
31766	CARINAL RECONSTRUCTION	2049.73	01-Apr-02
31770	BRONCHOPLASTY; GRAFT REPAIR	1609.79	01-Apr-02
31775	BRONCHOPLASTY; EXCISION STENOSIS AND	1656.98	01-Apr-02
31773	ANASTOMOSIS	1000.90	01-Δρ1-02
31780	EXCISION TRACHEAL STENOSIS AND	1312.78	01-Apr-02
31700	ANASTOMOSIS; CERVICAL	1312.70	υ ι-Αρι - υΖ



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	1587.36	01-Apr-02
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	1176.86	01-Apr-02
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	1598.08	01-Apr-02
31800	SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL	580.60	01-Apr-02
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	998.05	01-Apr-02
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	436.44	01-Apr-02
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	645.04	01-Apr-02
31830	REVISION OF TRACHEOSTOMY SCAR	442.86	01-Apr-02
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	BR	01-Apr-02
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	153.41	01-Apr-02
32002	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOT	125.80	01-Apr-02
32005	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	128.06	01-Apr-02
32020	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYE	238.44	01-Apr-02
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	714.03	01-Apr-02
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	811.09	01-Apr-02
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	738.22	01-Apr-02
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	955.70	01-Apr-02
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG T	1061.53	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	941.86	01-Apr-02
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	988.08	01-Apr-02
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL WITH OR WITHOUT A PLEURAL PROCEDURE	1079.99	01-Apr-02
32141	THORACOTOMY, MAJOR; WITH EXCISION- PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEUR	1105.31	01-Apr-02
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	1045.67	01-Apr-02
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	1059.90	01-Apr-02
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	698.01	01-Apr-02
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	1054.89	01-Apr-02
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	374.15	01-Apr-02
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	916.92	01-Apr-02
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	1428.45	01-Apr-02
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	1084.63	01-Apr-02
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	1046.98	01-Apr-02
32320	DECORTICATION AND PARIETAL PLEURECTOMY	1492.40	01-Apr-02
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	136.03	01-Apr-02
32402	BIOPSY, PLEURA; OPEN	700.55	01-Apr-02
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	161.28	01-Apr-02
32420	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	126.91	01-Apr-02
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	1535.30	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLO	1848.35	01-Apr-02
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	1766.13	01-Apr-02
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	1346.93	01-Apr-02
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	1435.96	01-Apr-02
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	1488.30	01-Apr-02
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION	1674.27	01-Apr-02
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWING PR	1793.90	01-Apr-02
32491	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON -BULLOUS FOR LUNG VO	1563.74	01-Apr-02
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR MULT	1126.00	01-Apr-02
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TI	299.60	01-Apr-02
32520	RESECTION OF LUNG; WITH RESECTION OF CHEST WALL	1605.79	01-Apr-02
32522	RESECTION OF LUNG; WITH RECONSTRUCTION OF CHEST WALL, WITHOUT PROSTHESIS	1727.86	01-Apr-02
32525	RESECTION OF LUNG; WITH MAJOR RECONSTRUCTION OF CHEST WALL, WITH PROSTHESIS	1877.38	01-Apr-02
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	1129.70	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITHOUT	398.36	01-Apr-02
32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITH BIO	431.27	01-Apr-02
32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOUT BIOPSY	507.62	01-Apr-02
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	583.22	01-Apr-02
32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITHOUT BIOPSY	491.99	01-Apr-02
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	560.32	01-Apr-02
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	845.40	01-Apr-02
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	978.83	01-Apr-02
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEUR	1376.67	01-Apr-02
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPO	986.59	01-Apr-02
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	911.78	01-Apr-02
32655	THORACOSCOPY, SURGICAL; WITH EXCISION- PLICATION OF BULLAE, INCLUDING ANY PLEURAL	1008.63	01-Apr-02
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	1045.21	01-Apr-02
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	1057.89	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SA	1004.92	01-Apr-02
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION	945.42	01-Apr-02
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	1322.15	01-Apr-02
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	1023.04	01-Apr-02
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	1239.20	01-Apr-02
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	1379.01	01-Apr-02
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	1028.48	01-Apr-02
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	1126.66	01-Apr-02
32800	REPAIR LUNG HERNIA THROUGH CHÉST WALL	1000.35	01-Apr-02
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PRO	965.09	01-Apr-02
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	1635.71	01-Apr-02
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	1541.05	01-Apr-02
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	1369.32	01-Apr-02
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	1454.40	01-Apr-02
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHO	1850.31	01-Apr-02
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	1390.31	01-Apr-02
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	125.98	01-Apr-02
32997	TOTAL LUNG LAVAGE (UNILATERAL)	338.91	01-Apr-02
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33010	PERICARDIOCENTESIS; INITIAL	135.29	01-Apr-02
33011	PERICARDIOCENTESIS; SUBSEQUENT	132.68	01-Apr-02
33015	TUBE PERICARDIOSTOMY	476.62	01-Apr-02
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	956.60	01-Apr-02
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	945.03	01-Apr-02
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	1481.82	01-Apr-02
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	1580.98	01-Apr-02
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	1075.79	01-Apr-02
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	1926.92	01-Apr-02
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	1522.93	01-Apr-02
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	1337.53	01-Apr-02
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME O	283.94	01-Apr-02
33200	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY THORACOTOMY	978.54	01-Apr-02
33201	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY XIPHOID APPROA	904.03	01-Apr-02
33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); A	522.59	01-Apr-02
33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); V	605.37	01-Apr-02
33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); A	611.95	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRO	204.97	01-Apr-02
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES	211.75	01-Apr-02
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER, ATRI	423.62	01-Apr-02
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	466.52	01-Apr-02
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DU	554.09	01-Apr-02
33216	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS OR MORE AFTER INI	422.61	01-Apr-02
33217	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS OR MORE AFTER INI	445.63	01-Apr-02
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT PACEMAKER	411.73	01-Apr-02
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR D	415.82	01-Apr-02
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	385.95	01-Apr-02
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILL	483.98	01-Apr-02
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR;	282.88	01-Apr-02
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S): SINGLE LEAD SYSTEM, ATRIAL OR VEN	528.67	01-Apr-02
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S) DUAL LEAD SYSTEM	619.40	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE	911.02	01-Apr-02
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL LE	1039.56	01-Apr-02
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	1096.17	01-Apr-02
33240	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERAT	542.11	01-Apr-02
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER- DEFIBRILLATOR PULSE GENERATOR ONLY	264.13	01-Apr-02
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S)	1435.56	01-Apr-02
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S)	924.21	01-Apr-02
33245	IMPLANTATION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS BY TH	1124.21	01-Apr-02
33246	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER- DEFIBRILLATO	1596.96	01-Apr-02
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER PACIN	998.60	01-Apr-02
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLF	1403.55	01-Apr-02
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLF	1723.99	01-Apr-02
33253	OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIAL FIBRILLA	2177.51	01-Apr-02
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPA	1739.04	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	382.02	01-Apr-02
33284	REMOVAL OF AN IMPLANTABLE, PATIENT- ACTIVATED CARDIAC EVENT RECORDER	293.94	01-Apr-02
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	1333.24	01-Apr-02
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	1601.69	01-Apr-02
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	1368.83	01-Apr-02
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY	1630.32	01-Apr-02
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY BYPASS	1241.22	01-Apr-02
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	1602.04	01-Apr-02
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	1593.24	01-Apr-02
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONARY BY	1516.85	01-Apr-02
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	1636.67	01-Apr-02
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	2045.07	01-Apr-02
33400	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS	1994.46	01-Apr-02
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	1871.51	01-Apr-02
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPULMONA	1913.58	01-Apr-02
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	2202.30	01-Apr-02
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OT	2243.67	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FR	2379.84	01-Apr-02
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VA	2245.20	01-Apr-02
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	2411.16	01-Apr-02
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KON	2716.84	01-Apr-02
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH A	2655.93	01-Apr-02
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE	2373.19	01-Apr-02
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STEN	2145.31	01-Apr-02
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG	2216.93	01-Apr-02
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	2267.14	01-Apr-02
33420	VALVOTOMY, MITRAL VALVE; CLOSED HEART	1469.61	01-Apr-02
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	1965.71	01-Apr-02
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	1976.79	01-Apr-02
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	2279.85	01-Apr-02
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION	2446.57	01-Apr-02
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	2330.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	1817.78	01-Apr-02
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	1942.98	01-Apr-02
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	2064.85	01-Apr-02
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	2148.16	01-Apr-02
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	2493.80	01-Apr-02
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	1603.22	01-Apr-02
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	1781.07	01-Apr-02
33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	1734.48	01-Apr-02
33475	REPLACEMENT, PULMONARY VALVE	2182.05	01-Apr-02
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUR	1903.99	01-Apr-02
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBU	2046.00	01-Apr-02
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPAS	2169.41	01-Apr-02
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIOP	1903.52	01-Apr-02
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARD	1307.22	01-Apr-02
33502	REPAIR OF ANOMALOUS CORONARY ARTERY; BY LIGATION	1717.76	01-Apr-02
33503	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	1546.50	01-Apr-02
33504	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	2010.42	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY	1989.14	01-Apr-02
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO A	1925.25	01-Apr-02
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	1908.03	01-Apr-02
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	2047.24	01-Apr-02
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	2207.60	01-Apr-02
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	2361.15	01-Apr-02
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	2565.85	01-Apr-02
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	2722.20	01-Apr-02
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN	170.00	01-Apr-02
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS	320.94	01-Apr-02
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOU	471.06	01-Apr-02
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS	622.75	01-Apr-02
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS	774.12	01-Apr-02
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE	925.50	01-Apr-02
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE	387.01	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	1956.28	01-Apr-02
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	2139.37	01-Apr-02
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	2327.34	01-Apr-02
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL	2363.00	01-Apr-02
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	2206.77	01-Apr-02
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL R	2663.21	01-Apr-02
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFL	277.35	01-Apr-02
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	2117.54	01-Apr-02
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	1973.88	01-Apr-02
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	2193.46	01-Apr-02
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR	2461.32	01-Apr-02
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OBSTRUC	2409.99	01-Apr-02
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	2416.33	01-Apr-02
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; WIT	2597.13	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL	2503.32	01-Apr-02
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PR	2592.36	01-Apr-02
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOP	2967.63	01-Apr-02
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITH	1605.32	01-Apr-02
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENO	1918.82	01-Apr-02
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PAT	2234.92	01-Apr-02
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEP	1998.77	01-Apr-02
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITHOUT A	2262.02	01-Apr-02
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	2186.96	01-Apr-02
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	2194.19	01-Apr-02
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVO	2261.02	01-Apr-02
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULM	2158.46	01-Apr-02
33690	BANDING OF PULMONARY ARTERY	1615.55	01-Apr-02
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	2179.38	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSANNULAR	2359.51	01-Apr-02
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTIO	2569.40	01-Apr-02
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	2080.18	01-Apr-02
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VE	2101.95	01-Apr-02
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	2033.83	01-Apr-02
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	2205.86	01-Apr-02
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRA	2240.66	01-Apr-02
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRI	2089.55	01-Apr-02
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)	1519.96	01-Apr-02
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	1891.30	01-Apr-02
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	1697.22	01-Apr-02
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	1609.92	01-Apr-02
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	1680.09	01-Apr-02
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	1478.26	01-Apr-02
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	1555.14	01-Apr-02
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL GL	1836.33	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIO	1905.78	01-Apr-02
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	2463.57	01-Apr-02
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	2435.93	01-Apr-02
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUST	2164.39	01-Apr-02
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUST	2231.63	01-Apr-02
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUST	2369.97	01-Apr-02
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUST	2301.20	01-Apr-02
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRU	2513.57	01-Apr-02
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRU	2444.62	01-Apr-02
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRU	2679.56	01-Apr-02
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRU	2555.22	01-Apr-02
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	2566.01	01-Apr-02
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	1989.10	01-Apr-02
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA	1172.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	1239.32	01-Apr-02
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	1603.00	01-Apr-02
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	1617.08	01-Apr-02
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	2068.92	01-Apr-02
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	1363.17	01-Apr-02
33822	PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER 18 YEARS	1402.01	01-Apr-02
33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	1525.59	01-Apr-02
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	1606.42	01-Apr-02
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	1795.39	01-Apr-02
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	1664.69	01-Apr-02
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	1865.25	01-Apr-02
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	2443.91	01-Apr-02
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	2468.01	01-Apr-02
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	2487.79	01-Apr-02
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	2603.52	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	2904.27	01-Apr-02
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	2361.07	01-Apr-02
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPUL	3031.88	01-Apr-02
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	1735.96	01-Apr-02
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	1346.40	01-Apr-02
33916	PULMONARY ENDARTERECTOMY WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPAS	1759.48	01-Apr-02
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	1971.63	01-Apr-02
33918	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION O	1886.32	01-Apr-02
33919	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION O	2426.52	01-Apr-02
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR R	2259.38	01-Apr-02
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	1757.32	01-Apr-02
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO- PULMONARY ARTERY SHUNT, PERFORMED IN CONJ	344.29	01-Apr-02
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INITIAL	1110.52	01-Apr-02
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EACH ADD	677.28	01-Apr-02
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	256.53	01-Apr-02
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	37.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY, OPEN	441.17	01-Apr-02
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL ARTERY	739.80	01-Apr-02
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	603.97	01-Apr-02
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDIN	1042.45	01-Apr-02
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	1197.31	01-Apr-02
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	1456.42	01-Apr-02
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	1341.88	01-Apr-02
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	1503.66	01-Apr-02
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTR	BR	01-Apr-02
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRIC	BR	01-Apr-02
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	BR	01-Apr-02
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR IN	827.86	01-Apr-02
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN AR	980.56	01-Apr-02
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOM	657.01	01-Apr-02
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, B	542.73	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY,	1063.80	01-Apr-02
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILI	626.70	01-Apr-02
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL	792.43	01-Apr-02
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCIS	804.45	01-Apr-02
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, B	649.57	01-Apr-02
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, B	933.91	01-Apr-02
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	608.76	01-Apr-02
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCI	553.52	01-Apr-02
34501	VALVULOPLASTY, FEMORAL VEIN	797.84	01-Apr-02
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1691.70	01-Apr-02
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	928.64	01-Apr-02
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	904.97	01-Apr-02
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1164.67	01-Apr-02
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	1217.22	01-Apr-02
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	1343.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	1343.39	01-Apr-02
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDI	231.36	01-Apr-02
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASCULAR PROSTHESIS, BY	378.97	01-Apr-02
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYS	269.12	01-Apr-02
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCL	547.05	01-Apr-02
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	726.57	01-Apr-02
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	231.36	01-Apr-02
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	1894.74	01-Apr-02
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	2048.34	01-Apr-02
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	2048.34	01-Apr-02
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1275.00	01-Apr-02
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1284.89	01-Apr-02
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1096.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	788.94	01-Apr-02
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1115.39	01-Apr-02
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1301.80	01-Apr-02
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1395.41	01-Apr-02
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	804.74	01-Apr-02
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1779.67	01-Apr-02
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	2224.63	01-Apr-02
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	2188.63	01-Apr-02
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	2368.72	01-Apr-02
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1924.27	01-Apr-02
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	2106.96	01-Apr-02
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1100.96	01-Apr-02
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1137.86	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1635.77	01-Apr-02
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	2002.25	01-Apr-02
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1212.31	01-Apr-02
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1406.75	01-Apr-02
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	976.85	01-Apr-02
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1056.13	01-Apr-02
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1118.22	01-Apr-02
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1044.51	01-Apr-02
35161	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1247.82	01-Apr-02
35162	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	1320.18	01-Apr-02
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	830.11	01-Apr-02
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	1117.30	01-Apr-02
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	798.23	01-Apr-02
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	889.38	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	1166.41	01-Apr-02
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	820.53	01-Apr-02
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	682.05	01-Apr-02
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	683.62	01-Apr-02
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	805.50	01-Apr-02
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	1611.39	01-Apr-02
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	1317.68	01-Apr-02
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA- ABDOMINAL	1034.42	01-Apr-02
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	683.64	01-Apr-02
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	830.36	01-Apr-02
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	767.26	01-Apr-02
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	1682.34	01-Apr-02
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	1438.54	01-Apr-02
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	1070.05	01-Apr-02
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	829.17	01-Apr-02
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	793.30	01-Apr-02
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	755.69	01-Apr-02
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	1572.20	01-Apr-02
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	1360.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	1102.56	01-Apr-02
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	848.44	01-Apr-02
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVI	1225.91	01-Apr-02
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY T	1589.36	01-Apr-02
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	812.33	01-Apr-02
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	1454.57	01-Apr-02
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	1571.68	01-Apr-02
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	1280.30	01-Apr-02
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	1067.45	01-Apr-02
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	1508.74	01-Apr-02
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	1602.77	01-Apr-02
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	795.41	01-Apr-02
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	884.75	01-Apr-02
35381	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; FEMORAL AND/OR POPLITEAL, AN	1039.27	01-Apr-02
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL	189.13	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIS	182.76	01-Apr-02
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	641.48	01-Apr-02
35452	TRANSLUMINAL ANGIOPLASTY, OPEN; AORTIC	438.33	01-Apr-02
35454	TRANSLUMINAL ANGIOPLASTY, OPEN; ILIAC	411.73	01-Apr-02
35456	TRANSLUMINAL ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	497.25	01-Apr-02
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES, EACH	634.15	01-Apr-02
35459	TRANSLUMINAL ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	576.33	01-Apr-02
35460	TRANSLUMINAL ANGIOPLASTY, OPEN; VENOUS	371.75	01-Apr-02
35470	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK OR BRANCHES,	560.57	01-Apr-02
35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	650.76	01-Apr-02
35472	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC	413.48	01-Apr-02
35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; ILIAC	397.96	01-Apr-02
35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	480.27	01-Apr-02
35475	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK OR BRANCHE	603.14	01-Apr-02
35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; VENOUS	355.71	01-Apr-02
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	733.30	01-Apr-02
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	476.68	01-Apr-02
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	451.88	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	542.86	01-Apr-02
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES, EA	679.87	01-Apr-02
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	576.50	01-Apr-02
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTER	710.02	01-Apr-02
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	458.67	01-Apr-02
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	440.04	01-Apr-02
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	532.38	01-Apr-02
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC TRUNK OR BRAN	651.64	01-Apr-02
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANC	563.12	01-Apr-02
35501	BYPASS GRAFT, WITH VEIN; CAROTID	1284.00	01-Apr-02
35506	BYPASS GRAFT, WITH VEIN; CAROTID- SUBCLAVIAN	1301.14	01-Apr-02
35507	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN- CAROTID	1283.20	01-Apr-02
35508	BYPASS GRAFT, WITH VEIN; CAROTID- VERTEBRAL	1244.88	01-Apr-02
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	1205.69	01-Apr-02
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN- SUBCLAVIAN	1037.00	01-Apr-02
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN- VERTEBRAL	1173.10	01-Apr-02
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN- AXILLARY	1089.79	01-Apr-02
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	1034.75	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35521	BYPASS GRAFT, WITH VEIN; AXILLARY- FEMORAL	1095.99	01-Apr-02
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	1266.06	01-Apr-02
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	1627.15	01-Apr-02
35533	BYPASS GRAFT, WITH VEIN; AXILLARY- FEMORAL-FEMORAL	1369.41	01-Apr-02
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	1499.55	01-Apr-02
35541	BYPASS GRAFT, WITH VEIN; AORTOILIAC OR BI-	1633.24	01-Apr-02
35546	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL OR BIFEMORAL	1634.84	01-Apr-02
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	1399.56	01-Apr-02
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	1541.76	01-Apr-02
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	1706.26	01-Apr-02
35556	BYPASS GRAFT, WITH VEIN; FEMORAL- POPLITEAL	1409.97	01-Apr-02
35558	BYPASS GRAFT, WITH VEIN; FEMORAL- FEMORAL	960.79	01-Apr-02
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	1526.72	01-Apr-02
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	938.38	01-Apr-02
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	1029.23	01-Apr-02
35566	BYPASS GRAFT, WITH VEIN; FEMORAL- ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ART	1774.31	01-Apr-02
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, - PERONEAL ARTERY OR OTHER DISTAL VESS	1297.21	01-Apr-02
35582	IN-SITU VEIN BYPASS; AORTOFEMORAL- POPLITEAL (ONLY FEMORAL-POPLITEAL PORTION IN-S	1756.05	01-Apr-02
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1480.13	01-Apr-02
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTE	1879.61	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	1349.97	01-Apr-02
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCE	285.86	01-Apr-02
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	1174.42	01-Apr-02
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	1226.63	01-Apr-02
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	1052.87	01-Apr-02
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	1064.45	01-Apr-02
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	998.37	01-Apr-02
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	1028.28	01-Apr-02
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	1554.33	01-Apr-02
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	1552.77	01-Apr-02
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL ANAST	1382.14	01-Apr-02
35641	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC OR BI-ILIAC	1589.30	01-Apr-02
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	1125.41	01-Apr-02
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	1097.91	01-Apr-02
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	1685.58	01-Apr-02
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	1551.12	01-Apr-02
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	965.52	01-Apr-02
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	1626.80	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	1254.81	01-Apr-02
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	1275.24	01-Apr-02
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	901.06	01-Apr-02
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	970.00	01-Apr-02
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	1048.03	01-Apr-02
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, O	1352.82	01-Apr-02
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	1059.74	01-Apr-02
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO COD	226.92	01-Apr-02
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	215.32	01-Apr-02
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (178.11	01-Apr-02
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	1200.05	01-Apr-02
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	972.92	01-Apr-02
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	1153.95	01-Apr-02
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	1155.85	01-Apr-02
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POSTERIO	237.04	01-Apr-02
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	400.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	419.60	01-Apr-02
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	420.85	01-Apr-02
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	419.73	01-Apr-02
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	474.05	01-Apr-02
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	789.30	01-Apr-02
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	644.60	01-Apr-02
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	404.02	01-Apr-02
35870	REPAIR OF GRAFT-ENTERIC FISTULA	1361.71	01-Apr-02
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTU	702.82	01-Apr-02
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GR	1078.34	01-Apr-02
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN	987.90	01-Apr-02
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGM	1101.12	01-Apr-02
35901	EXCISION OF INFECTED GRAFT; NECK	586.42	01-Apr-02
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	710.89	01-Apr-02
35905	EXCISION OF INFECTED GRAFT; THORAX	1219.40	01-Apr-02
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	1176.66	01-Apr-02
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	27.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEU	178.18	01-Apr-02
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE O	472.82	01-Apr-02
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	145.33	01-Apr-02
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN,	178.74	01-Apr-02
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BR	204.38	01-Apr-02
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	147.33	01-Apr-02
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	175.09	01-Apr-02
36015	SELECTIVE CATHETER PLACEMENT, EACH SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	203.94	01-Apr-02
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	184.31	01-Apr-02
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	124.17	01-Apr-02
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	116.03	01-Apr-02
36145	INTRODUCTION OF NEEDLE OR INTRACATHETER; ARTERIOVENOUS SHUNT CREATED FOR DIALYSI	124.11	01-Apr-02
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	155.73	01-Apr-02
36200	INTRODUCTION OF CATHETER, AORTA	180.01	01-Apr-02
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRAC	264.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	299.38	01-Apr-02
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	359.22	01-Apr-02
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	58.51	01-Apr-02
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	272.02	01-Apr-02
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	301.01	01-Apr-02
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	358.48	01-Apr-02
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	58.95	01-Apr-02
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF L	641.17	01-Apr-02
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	352.72	01-Apr-02
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	263.56	01-Apr-02
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	BR	01-Apr-02
36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL OR JUGULAR	25.56	01-Apr-02
36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	27.43	01-Apr-02
36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	30.04	01-Apr-02
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (22.95	01-Apr-02
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	56.54	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	122.12	01-Apr-02
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	39.87	01-Apr-02
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	60.22	01-Apr-02
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	131.38	01-Apr-02
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	146.79	01-Apr-02
36460	TRANSFUSION, INTRAUTERINE, FETAL	390.88	01-Apr-02
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTA	BR	01-Apr-02
36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTA	BR	01-Apr-02
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	121.20	01-Apr-02
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	160.68	01-Apr-02
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	417.70	01-Apr-02
36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, F	86.26	01-Apr-02
36489	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, F	153.61	01-Apr-02
36490	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, F	109.78	01-Apr-02
36491	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG, F	97.78	01-Apr-02
36493	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	78.87	01-Apr-02
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	177.69	01-Apr-02
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	64.61	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36520	THERAPEUTIC APHERESIS (PLASMA AND/OR CELL EXCHANGE)	115.44	01-Apr-02
36521	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL AFFINITY COLUMN ADSORPTION AND PLASMA	105.37	01-Apr-02
36522	PHOTOPHERESIS, EXTRACORPOREAL	258.32	01-Apr-02
36530	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	414.10	01-Apr-02
36531	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	340.71	01-Apr-02
36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	204.61	01-Apr-02
36533	INSERTION OF IMPLANTABLE VENOUS ACCESS DEVICE, WITH OR WITHOUT SUBCUTANEOUS RESE	388.37	01-Apr-02
36534	REVISION OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR	188.32	01-Apr-02
36535	REMOVAL OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR	195.16	01-Apr-02
36540	COLLECTION OF BLOOD SPECIMEN FROM A PARTIALLY OR COMPLETELY IMPLANTABLE VENOUS A	BR	01-Apr-02
36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	27.44	01-Apr-02
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	27.22	01-Apr-02
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	60.17	01-Apr-02
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	113.02	01-Apr-02
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	132.91	01-Apr-02
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	74.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	78.62	01-Apr-02
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	169.27	01-Apr-02
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (S	282.34	01-Apr-02
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL RE	190.90	01-Apr-02
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	857.10	01-Apr-02
36820	ARTEIOVENOUS ANASTOMOSIS OPEN/UPPER AREM BASILIC VEIN T	797.52	01-Apr-02
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE PR	601.98	01-Apr-02
36822	INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMO	571.04	01-Apr-02
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULAT	1334.67	01-Apr-02
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS	697.07	01-Apr-02
36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	797.54	01-Apr-02
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR NONAUT	449.03	01-Apr-02
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR NONAU	685.88	01-Apr-02
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS	678.68	01-Apr-02
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	617.86	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	478.69	01-Apr-02
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	171.48	01-Apr-02
36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	180.32	01-Apr-02
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS G	1357.87	01-Apr-02
37140	VENOUS ANASTOMOSIS; PORTOCAVAL	1411.76	01-Apr-02
37145	VENOUS ANASTOMOSIS; RENOPORTAL	1526.19	01-Apr-02
37160	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	1362.20	01-Apr-02
37180	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	1502.20	01-Apr-02
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VAR	1626.69	01-Apr-02
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	318.12	01-Apr-02
37200	TRANSCATHETER BIOPSY	244.06	01-Apr-02
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	329.02	01-Apr-02
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASM	367.75	01-Apr-02
37203	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	313.31	01-Apr-02
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	1043.55	01-Apr-02
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	497.55	01-Apr-02
37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	238.36	01-Apr-02
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	514.43	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	246.17	01-Apr-02
37209	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY	129.21	01-Apr-02
37250	INTRAVASCULAR ULTRASOUND (NON- CORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/	123.15	01-Apr-02
37251	INTRAVASCULAR ULTRASOUND (NON- CORONARY VESSEL) DURING THERAPEUTIC INTERVENTION;	93.49	01-Apr-02
37565	LIGATION, INTERNAL JUGULAR VEIN	300.18	01-Apr-02
37600	LIGATION; EXTERNAL CAROTID ARTERY	335.37	01-Apr-02
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	434.52	01-Apr-02
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SEL	443.30	01-Apr-02
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	402.12	01-Apr-02
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	292.54	01-Apr-02
37615	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); NECK	403.75	01-Apr-02
37616	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); CHEST	1127.55	01-Apr-02
37617	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); ABDOMEN	974.10	01-Apr-02
37618	LIGATION, MAJOR ARTERY (EG, POST- TRAUMATIC, RUPTURE); EXTREMITY	360.01	01-Apr-02
37620	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTURE, LIGATION, PL	680.40	01-Apr-02
37650	LIGATION OF FEMORAL VEIN	371.17	01-Apr-02
37660	LIGATION OF COMMON ILIAC VEIN	685.11	01-Apr-02
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DIST	286.64	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	400.61	01-Apr-02
37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS	515.55	01-Apr-02
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WI	704.08	01-Apr-02
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN	692.44	01-Apr-02
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPA	266.27	01-Apr-02
37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CL	368.14	01-Apr-02
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	1402.59	01-Apr-02
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	604.87	01-Apr-02
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	BR	01-Apr-02
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	816.42	01-Apr-02
38101	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	841.36	01-Apr-02
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PRO	280.56	01-Apr-02
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	869.05	01-Apr-02
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	1013.18	01-Apr-02
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	BR	01-Apr-02
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	150.44	01-Apr-02
38220	BONE MARROW ASPIRATION	204.34	01-Apr-02
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	218.71	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	277.28	01-Apr-02
38231	BLOOD-DERIVED PERIPHERAL STEM CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTIO	89.83	01-Apr-02
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	133.47	01-Apr-02
38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	132.72	01-Apr-02
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	191.24	01-Apr-02
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	426.90	01-Apr-02
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	387.49	01-Apr-02
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	566.89	01-Apr-02
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	977.85	01-Apr-02
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	786.70	01-Apr-02
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	211.74	01-Apr-02
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUI	142.06	01-Apr-02
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	322.99	01-Apr-02
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION S	394.77	01-Apr-02
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	334.48	01-Apr-02
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	442.87	01-Apr-02
38542	DISSECTION, DEEP JUGULAR NODE(S)	457.50	01-Apr-02
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DIS	464.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR DISSEC	1005.56	01-Apr-02
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	693.38	01-Apr-02
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTI	715.49	01-Apr-02
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	584.52	01-Apr-02
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	745.84	01-Apr-02
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI- AORT	883.90	01-Apr-02
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	BR	01-Apr-02
38700	SUPRAHYOID LYMPHADENECTOMY	801.55	01-Apr-02
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	1153.00	01-Apr-02
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	1198.53	01-Apr-02
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	467.98	01-Apr-02
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	648.44	01-Apr-02
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	264.25	01-Apr-02
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANC	285.92	01-Apr-02
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE	597.88	01-Apr-02
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADEN	1087.05	01-Apr-02
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NOD	883.92	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AOR	1122.05	01-Apr-02
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	1041.14	01-Apr-02
38792	INJECTION PROCEDURE; FOR INDENTIFICATION OF SENTINEL NODE	29.00	01-Apr-02
38794	CANNULATION, THORACIC DUCT	252.80	01-Apr-02
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	BR	01-Apr-02
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; C	596.08	01-Apr-02
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; T	982.97	01-Apr-02
39200	EXCISION OF MEDIASTINAL CYST	1070.62	01-Apr-02
39220	EXCISION OF MEDIASTINAL TUMOR	1311.02	01-Apr-02
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	559.27	01-Apr-02
39499	UNLISTED PROCEDURE, MEDIASTINUM	BR	01-Apr-02
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	906.23	01-Apr-02
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLAST	1063.83	01-Apr-02
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND	2307.23	01-Apr-02
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	1137.78	01-Apr-02
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL	1069.00	01-Apr-02
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL, WI	1104.82	01-Apr-02
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	927.59	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	983.78	01-Apr-02
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARAL	984.34	01-Apr-02
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	850.33	01-Apr-02
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE	1165.48	01-Apr-02
39599	UNLISTED PROCEDURE, DIAPHRAGM	BR	01-Apr-02
40490	BIOPSY OF LIP	102.00	01-Apr-02
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	381.19	01-Apr-02
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	432.32	01-Apr-02
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	453.83	01-Apr-02
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER O	630.74	01-Apr-02
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLAN	738.39	01-Apr-02
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	456.18	01-Apr-02
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	343.05	01-Apr-02
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	404.09	01-Apr-02
40654	REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR COMPLEX	494.98	01-Apr-02
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILA	902.93	01-Apr-02
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCED	1140.42	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGE	895.44	01-Apr-02
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	1016.81	01-Apr-02
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-E	1055.63	01-Apr-02
40799	UNLISTED PROCEDURE, LIPS	BR	01-Apr-02
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	109.25	01-Apr-02
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	189.18	01-Apr-02
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	128.70	01-Apr-02
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	220.56	01-Apr-02
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	40.27	01-Apr-02
40808	BIOPSY, VESTIBULE OF MOUTH	104.49	01-Apr-02
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	140.32	01-Apr-02
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPA	190.82	01-Apr-02
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REP	287.35	01-Apr-02
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EX	305.87	01-Apr-02
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	233.21	01-Apr-02
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	209.54	01-Apr-02
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LAS	122.70	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	148.81	01-Apr-02
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	200.15	01-Apr-02
40840	VESTIBULOPLASTY; ANTERIOR	602.87	01-Apr-02
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	591.48	01-Apr-02
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	823.12	01-Apr-02
40844	VESTIBULOPLASTY; ENTIRE ARCH	1048.72	01-Apr-02
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	1272.58	01-Apr-02
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	BR	01-Apr-02
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	126.88	01-Apr-02
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	116.78	01-Apr-02
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	242.76	01-Apr-02
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	249.92	01-Apr-02
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	249.50	01-Apr-02
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	281.43	01-Apr-02
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	128.00	01-Apr-02
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH;	293.91	01-Apr-02
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH;	320.41	01-Apr-02
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH;	295.68	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH;	376.08	01-Apr-02
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	147.84	01-Apr-02
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	136.73	01-Apr-02
41108	BIOPSY OF FLOOR OF MOUTH	116.19	01-Apr-02
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	160.37	01-Apr-02
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	234.22	01-Apr-02
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	262.73	01-Apr-02
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	592.72	01-Apr-02
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	154.70	01-Apr-02
41116	EXCISION, LESION OF FLOOR OF MOUTH	219.63	01-Apr-02
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	719.03	01-Apr-02
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	817.75	01-Apr-02
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	1579.65	01-Apr-02
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NE	1746.80	01-Apr-02
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RA	2066.31	01-Apr-02
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RE	1618.47	01-Apr-02
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID	1729.68	01-Apr-02
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESEC	2000.22	01-Apr-02
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO- THIRDS O	168.76	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	191.60	01-Apr-02
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	246.91	01-Apr-02
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	305.46	01-Apr-02
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	291.32	01-Apr-02
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	229.68	01-Apr-02
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	BR	01-Apr-02
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	108.14	01-Apr-02
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	112.66	01-Apr-02
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	200.38	01-Apr-02
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	BR	01-Apr-02
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	BR	01-Apr-02
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	208.45	01-Apr-02
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	278.88	01-Apr-02
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WIT	134.79	01-Apr-02
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WIT	188.95	01-Apr-02
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WIT	278.33	01-Apr-02
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	252.52	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	262.85	01-Apr-02
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	BR	01-Apr-02
41870	PERIODONTAL MUCOSAL GRAFTING	BR	01-Apr-02
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	210.11	01-Apr-02
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	240.65	01-Apr-02
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	BR	01-Apr-02
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	124.29	01-Apr-02
42100	BIOPSY OF PALATE, UVULA	128.45	01-Apr-02
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	151.95	01-Apr-02
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	182.02	01-Apr-02
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	344.81	01-Apr-02
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	490.86	01-Apr-02
42140	UVULECTOMY, EXCISION OF UVULA	183.64	01-Apr-02
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	624.71	01-Apr-02
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	178.24	01-Apr-02
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	202.65	01-Apr-02
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	303.00	01-Apr-02
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	849.28	01-Apr-02
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	721.57	01-Apr-02
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT T	954.74	01-Apr-02
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	661.14	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	498.74	01-Apr-02
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	713.97	01-Apr-02
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	748.50	01-Apr-02
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	655.06	01-Apr-02
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	537.94	01-Apr-02
42260	REPAIR OF NASOLABIAL FISTULA	655.52	01-Apr-02
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	123.53	01-Apr-02
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	150.80	01-Apr-02
42299	UNLISTED PROCEDURE, PALATE, UVULA	BR	01-Apr-02
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	161.31	01-Apr-02
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	417.44	01-Apr-02
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	137.28	01-Apr-02
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	193.46	01-Apr-02
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);	225.83	01-Apr-02
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS	292.62	01-Apr-02
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICAT	177.62	01-Apr-02
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	260.95	01-Apr-02
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	360.73	01-Apr-02
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	105.79	01-Apr-02
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	244.97	01-Apr-02
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	349.50	01-Apr-02
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	240.25	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTI	666.96	01-Apr-02
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PR	1172.96	01-Apr-02
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVAT	1349.65	01-Apr-02
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFIC	937.75	01-Apr-02
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK	1528.10	01-Apr-02
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	529.59	01-Apr-02
42450	EXCISION OF SUBLINGUAL GLAND	362.98	01-Apr-02
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	353.90	01-Apr-02
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	472.22	01-Apr-02
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	472.15	01-Apr-02
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE S	674.12	01-Apr-02
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	781.75	01-Apr-02
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH	620.74	01-Apr-02
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	396.33	01-Apr-02
42600	CLOSURE SALIVARY FISTULA	406.03	01-Apr-02
42650	DILATION SALIVARY DUCT	65.49	01-Apr-02
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	83.35	01-Apr-02
42665	LIGATION SALIVARY DUCT, INTRAORAL	228.65	01-Apr-02
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	162.01	01-Apr-02
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPR	374.72	01-Apr-02
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPRO	722.25	01-Apr-02
42800	BIOPSY; OROPHARYNX	146.04	01-Apr-02
42802	BIOPSY; HYPOPHARYNX	158.15	01-Apr-02
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	142.50	01-Apr-02
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	171.67	01-Apr-02
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	250.87	01-Apr-02
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	176.38	01-Apr-02
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISS	314.01	01-Apr-02
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEO	554.41	01-Apr-02
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	301.64	01-Apr-02
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	331.89	01-Apr-02
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	267.44	01-Apr-02
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	277.42	01-Apr-02
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	187.72	01-Apr-02
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	205.04	01-Apr-02
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	182.60	01-Apr-02
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	258.93	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHO	643.46	01-Apr-02
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSU	1016.30	01-Apr-02
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSU	1678.55	01-Apr-02
42860	EXCISION OF TONSIL TAGS	194.79	01-Apr-02
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	408.58	01-Apr-02
42890	LIMITED PHARYNGECTOMY	920.44	01-Apr-02
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANC	1102.75	01-Apr-02
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	1575.63	01-Apr-02
42900	SUTURE PHARYNX FOR WOUND OR INJURY	364.15	01-Apr-02
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	630.84	01-Apr-02
42953	PHARYNGOESOPHAGEAL REPAIR	687.68	01-Apr-02
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	523.61	01-Apr-02
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY);	165.09	01-Apr-02
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY);	393.93	01-Apr-02
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY);	529.34	01-Apr-02
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOM	338.78	01-Apr-02
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOM	444.70	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOM	491.53	01-Apr-02
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	BR	01-Apr-02
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	593.97	01-Apr-02
43030	CRICOPHARYNGEAL MYOTOMY	598.60	01-Apr-02
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	1339.80	01-Apr-02
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	658.03	01-Apr-02
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL APPROA	1068.00	01-Apr-02
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY	1940.86	01-Apr-02
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION	2216.27	01-Apr-02
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR	2076.47	01-Apr-02
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR	2331.15	01-Apr-02
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASC	2138.45	01-Apr-02
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO- THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	2040.96	01-Apr-02
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO- THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	2186.10	01-Apr-02
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO- THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT	1965.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL	1919.70	01-Apr-02
43123	APPROACH, WITH OR WITHOUT P PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT P	2242.12	01-Apr-02
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERV	1886.79	01-Apr-02
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	864.25	01-Apr-02
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC	1139.78	01-Apr-02
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPEC	274.57	01-Apr-02
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	251.35	01-Apr-02
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	239.32	01-Apr-02
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	225.09	01-Apr-02
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	170.14	01-Apr-02
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER L	157.55	01-Apr-02
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER L	187.14	01-Apr-02
43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT	184.02	01-Apr-02
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETE	139.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILAT	152.83	01-Apr-02
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOL	229.50	01-Apr-02
43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	245.76	01-Apr-02
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	234.73	01-Apr-02
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU	272.75	01-Apr-02
43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMALL DIA	210.47	01-Apr-02
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	261.85	01-Apr-02
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	281.91	01-Apr-02
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	414.60	01-Apr-02
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	167.69	01-Apr-02
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	298.35	01-Apr-02
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	287.85	01-Apr-02
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	272.94	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	UPPER GASTROINTESTINAL ENDOSCOPY		
43245	INCLUDING ESOPHAGUS, STOMACH, AND	216.66	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43246	INCLUDING ESOPHAGUS, STOMACH, AND	273.70	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43247	INCLUDING ESOPHAGUS, STOMACH, AND	216.22	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43248	INCLUDING ESOPHAGUS, STOMACH, AND	201.37	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43249	INCLUDING ESOPHAGUS, STOMACH, AND	186.26	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43250	INCLUDING ESOPHAGUS, STOMACH, AND	204.89	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43251	INCLUDING ESOPHAGUS, STOMACH, AND	235.23	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43255	INCLUDING ESOPHAGUS, STOMACH, AND	274.23	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43256	INCLUDING ESOPHAGUS, STOMACH, AND	235.05	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43258	INCLUDING ESOPHAGUS, STOMACH, AND	287.15	01-Apr-02
	EITHER THE DU		
	UPPER GASTROINTESTINAL ENDOSCOPY		
43259	INCLUDING ESOPHAGUS, STOMACH, AND	295.61	01-Apr-02
	EITHER THE DU		
	ENDOSCOPIC RETROGRADE		
43260	CHOLANGIOPANCREATOGRAPHY (ERCP);	366.85	01-Apr-02
	DIAGNOSTIC, WITH OR WITHO		
	ENDOSCOPIC RETROGRADE		
43261	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	382.50	01-Apr-02
	BIOPSY, SINGLE OR MU		



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	ENDOSCOPIC RETROGRADE		
43262	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	460.49	01-Apr-02
	SPHINCTEROTOMY/PAPIL		
	ENDOSCOPIC RETROGRADE		
43263	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	377.15	01-Apr-02
	PRESSURE MEASUREMENT		
	ENDOSCOPIC RETROGRADE		
43264	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	544.12	01-Apr-02
	ENDOSCOPIC RETROGRAD		
	ENDOSCOPIC RETROGRADE		
43265	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	523.30	01-Apr-02
	ENDOSCOPIC RETROGRAD		·
	ENDOSCOPIC RETROGRADE		
43267	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	453.40	01-Apr-02
	ENDOSCOPIC RETROGRAD		•
	ENDOSCOPIC RETROGRADE		
43268	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	460.49	01-Apr-02
	ENDOSCOPIC RETROGRAD		•
	ENDOSCOPIC RETROGRADE		
43269	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	377.79	01-Apr-02
	ENDOSCOPIC RETROGRAD		
	ENDOSCOPIC RETROGRADE		
43271	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	455.27	01-Apr-02
	ENDOSCOPIC RETROGRAD		
	ENDOSCOPIC RETROGRADE		
43272	CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	435.13	01-Apr-02
	ABLATION OF TUMOR(S)		
	LAPAROSCOPY, SURGICAL,		
43280	ESOPHAGOGASTRIC FUNDOPLASTY (EG,	1098.98	01-Apr-02
	NISSEN, TOUPET PROCEDURE		
43289	UNLISTED LAPAROSCOPY PROCEDURE,	BR	01-Apr-02
43209	ESOPHAGUS	DK	01-Apr-02
	ESOPHAGOPLASTY (PLASTIC REPAIR OR		
43300	RECONSTRUCTION), CERVICAL APPROACH;	700.18	01-Apr-02
	WITHOUT RE		-
	ESOPHAGOPLASTY (PLASTIC REPAIR OR		
43305	RECONSTRUCTION), CERVICAL APPROACH;	1227.71	01-Apr-02
	WITH REPAI		•



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT RE	1870.90	01-Apr-02
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAI	2099.75	01-Apr-02
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	2626.86	01-Apr-02
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	2883.36	01-Apr-02
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY, T	1086.17	01-Apr-02
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	1072.49	01-Apr-02
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	1062.77	01-Apr-02
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	1068.33	01-Apr-02
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	1033.01	01-Apr-02
43331	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC A	1189.28	01-Apr-02
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	1076.25	01-Apr-02
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	1264.96	01-Apr-02
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	912.19	01-Apr-02
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	988.09	01-Apr-02
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	880.30	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	1905.72	01-Apr-02
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	2170.14	01-Apr-02
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	1045.22	01-Apr-02
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	1100.31	01-Apr-02
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE- EXISTING ESOPHAGEAL PE	1092.82	01-Apr-02
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	808.63	01-Apr-02
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	1176.38	01-Apr-02
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	785.57	01-Apr-02
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROACH	1169.58	01-Apr-02
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	97.71	01-Apr-02
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	94.51	01-Apr-02
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; RETROGRADE	158.35	01-Apr-02
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA	173.83	01-Apr-02
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	213.06	01-Apr-02
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	BR	01-Apr-02
43499	UNLISTED PROCEDURE, ESOPHAGUS	BR	01-Apr-02
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	542.56	01-Apr-02
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	942.11	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE- EXISTING ESOPHAGOGASTRIC LACERATION (EG, M	1073.27	01-Apr-02
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL TUB	686.96	01-Apr-02
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	532.65	01-Apr-02
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	110.67	01-Apr-02
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	577.25	01-Apr-02
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	717.38	01-Apr-02
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	851.35	01-Apr-02
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1416.73	01-Apr-02
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	1441.07	01-Apr-02
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	1511.12	01-Apr-02
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	1211.94	01-Apr-02
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	1212.38	01-Apr-02
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX- EN-Y RECONSTRUCTION	1236.16	01-Apr-02
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	1413.26	01-Apr-02
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDI	120.40	01-Apr-02
43638	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING ESOPHAG	1333.76	01-Apr-02
43639	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING ESOPHAG	1365.17	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTI	934.02	01-Apr-02
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIG	946.25	01-Apr-02
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	619.31	01-Apr-02
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIV	736.75	01-Apr-02
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, ST	513.29	01-Apr-02
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	BR	01-Apr-02
43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	302.39	01-Apr-02
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIANÆS SKILL	BR	01-Apr-02
43760	CHANGE OF GASTROSTOMY TUBE	89.30	01-Apr-02
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	114.78	01-Apr-02
43800	PYLOROPLASTY	672.02	01-Apr-02
43810	GASTRODUODENOSTOMY	713.41	01-Apr-02
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	749.78	01-Apr-02
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	932.74	01-Apr-02
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (S	488.86	01-Apr-02
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL,	509.85	01-Apr-02
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)	761.89	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	752.64	01-Apr-02
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTI	1046.60	01-Apr-02
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER	1043.85	01-Apr-02
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHOR	1291.57	01-Apr-02
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMAL	1429.10	01-Apr-02
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE	1538.89	01-Apr-02
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION;	1203.25	01-Apr-02
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION;	1254.70	01-Apr-02
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, W	1216.87	01-Apr-02
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, W	1300.99	01-Apr-02
43870	CLOSURE OF GASTROSTOMY, SURGICAL	493.19	01-Apr-02
43880	CLOSURE OF GASTROCOLIC FISTULA	1178.76	01-Apr-02
43999	UNLISTED PROCEDURE, STOMACH	BR	01-Apr-02
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	859.03	01-Apr-02
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	688.09	01-Apr-02
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, AN	167.71	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR	752.67	01-Apr-02
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)	757.81	01-Apr-02
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	764.85	01-Apr-02
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	724.34	01-Apr-02
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT	815.15	01-Apr-02
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	124.99	01-Apr-02
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTO	652.62	01-Apr-02
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSI	800.36	01-Apr-02
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	905.48	01-Apr-02
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOM	259.90	01-Apr-02
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	941.83	01-Apr-02
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	1930.15	01-Apr-02
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	2219.63	01-Apr-02
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	241.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTEROSTO	783.40	01-Apr-02
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIA	129.85	01-Apr-02
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	1140.16	01-Apr-02
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	1278.71	01-Apr-02
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN T	1316.96	01-Apr-02
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF	1225.63	01-Apr-02
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	1421.95	01-Apr-02
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOM	1553.08	01-Apr-02
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	1189.04	01-Apr-02
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOST	1400.95	01-Apr-02
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	1297.50	01-Apr-02
44152	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECTOMY, ILEOA	1623.34	01-Apr-02
44153	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECTOMY, ILEOA	1746.88	01-Apr-02
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	1591.36	01-Apr-02
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	1474.59	01-Apr-02
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	1017.50	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44200	LAPAROSCOPY, SURGICAL; ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	892.38	01-Apr-02
44201	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	611.55	01-Apr-02
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTI	1351.71	01-Apr-02
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	234.86	01-Apr-02
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	1346.34	01-Apr-02
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH I	1191.82	01-Apr-02
44209	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	BR	01-Apr-02
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROC	593.51	01-Apr-02
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE)	820.29	01-Apr-02
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	397.69	01-Apr-02
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE	775.61	01-Apr-02
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	1090.12	01-Apr-02
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	906.87	01-Apr-02
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENITAL ME	874.55	01-Apr-02
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	368.57	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	REVISION OF COLOSTOMY; COMPLICATED		
44345	(RECONSTRUCTION IN-DEPTH) (SEPARATE	718.80	01-Apr-02
	PROCEDURE		
	REVISION OF COLOSTOMY; WITH REPAIR OF		
44346	PARACOLOSTOMY HERNIA (SEPARATE	796.70	01-Apr-02
	PROCEDURE)		·
	SMALL INTESTINAL ENDOSCOPY,		
44360	ENTEROSCOPY BEYOND SECOND PORTION OF	173.66	01-Apr-02
	DUODENUM, NOT I		•
	SMALL INTESTINAL ENDOSCOPY,		
44361	ENTEROSCOPY BEYOND SECOND PORTION OF	191.09	01-Apr-02
	DUODENUM, NOT I		
	SMALL INTESTINAL ENDOSCOPY,		
44363	ENTEROSCOPY BEYOND SECOND PORTION OF	216.44	01-Apr-02
11000	DUODENUM; WITH	210111	017.p. 02
	SMALL INTESTINAL ENDOSCOPY,		
44364	ENTEROSCOPY BEYOND SECOND PORTION OF	246.96	01-Apr-02
11001	DUODENUM, NOT I	2 10.00	017tp1 02
	SMALL INTESTINAL ENDOSCOPY,		
44365	ENTEROSCOPY BEYOND SECOND PORTION OF	219.59	01-Apr-02
44000	DUODENUM, NOT I	210.00	01 Apr 02
	SMALL INTESTINAL ENDOSCOPY,		
44366	ENTEROSCOPY BEYOND SECOND PORTION OF	287.80	01-Apr-02
44300	DUODENUM, NOT I	207.00	01-Api-02
	SMALL INTESTINAL ENDOSCOPY,		
44369	ENTEROSCOPY BEYOND SECOND PORTION OF	293.17	01-Apr-02
44309	DUODENUM, NOT I	293.17	01-Api-02
	SMALL INTESTINAL ENDOSCOPY,		
44370	ENTEROSCOPY BEYOND SECOND PORTION OF	234.29	01-Apr-02
44370	DUODENUM, NOT I	254.29	01-Api-02
	SMALL INTESTINAL ENDOSCOPY,		
44372	ENTEROSCOPY BEYOND SECOND PORTION OF	290.74	01-Apr-02
44372	DUODENUM; WITH	290.74	01-Apr-02
44272	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF	232.85	01
44373		232.85	01-Apr-02
	DUODENUM; WITH		
44070	SMALL INTESTINAL ENDOSCOPY,	047.04	04
44376	ENTEROSCOPY BEYOND SECOND PORTION OF	317.61	01-Apr-02
	DUODENUM, INCLU		



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	332.28	01-Apr-02
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	423.20	01-Apr-02
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	382.66	01-Apr-02
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	81.12	01-Apr-02
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	95.53	01-Apr-02
44383	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILA	130.70	01-Apr-02
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAGNOSTI	215.49	01-Apr-02
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH BIOP	246.13	01-Apr-02
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	292.86	01-Apr-02
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	319.54	01-Apr-02
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY	348.60	01-Apr-02
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUT	365.40	01-Apr-02
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S	362.09	01-Apr-02
44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(419.34	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S	395.88	01-Apr-02
44397	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDIL	244.93	01-Apr-02
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	32.94	01-Apr-02
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	681.46	01-Apr-02
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	874.06	01-Apr-02
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUN	877.45	01-Apr-02
44605	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	961.86	01-Apr-02
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATI	859.28	01-Apr-02
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	674.05	01-Apr-02
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS	845.80	01-Apr-02
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL	1348.20	01-Apr-02
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	901.25	01-Apr-02
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	930.85	01-Apr-02
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	891.87	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	1079.35	01-Apr-02
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	875.96	01-Apr-02
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE	910.04	01-Apr-02
44799	UNLISTED PROCEDURE, INTESTINE	BR	01-Apr-02
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	688.52	01-Apr-02
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	647.40	01-Apr-02
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	617.87	01-Apr-02
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	BR	01-Apr-02
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	567.83	01-Apr-02
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	301.64	01-Apr-02
44950	APPENDECTOMY;	557.19	01-Apr-02
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (98.42	01-Apr-02
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	684.30	01-Apr-02
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	539.66	01-Apr-02
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	BR	01-Apr-02
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	310.14	01-Apr-02
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	214.90	01-Apr-02
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	331.07	01-Apr-02
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	302.18	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
45108	ANORECTAL MYOMECTOMY	386.27	01-Apr-02
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	1505.85	01-Apr-02
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	1064.53	01-Apr-02
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-ANAL AN	1600.15	01-Apr-02
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF	1571.85	01-Apr-02
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH	1457.44	01-Apr-02
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	1276.69	01-Apr-02
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANA	1594.76	01-Apr-02
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROAC	1551.61	01-Apr-02
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROAC	1635.44	01-Apr-02
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	897.60	01-Apr-02
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WITHOUT	2246.97	01-Apr-02
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	868.50	01-Apr-02
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROAC	1089.29	01-Apr-02
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	1518.58	01-Apr-02
45150	DIVISION OF STRICTURE OF RECTUM	410.43	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH	796.98	01-Apr-02
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	606.16	01-Apr-02
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	532.58	01-Apr-02
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	56.94	01-Apr-02
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	65.25	01-Apr-02
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	71.14	01-Apr-02
45307	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY	118.44	01-Apr-02
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	90.62	01-Apr-02
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	119.07	01-Apr-02
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LE	138.88	01-Apr-02
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAU	127.76	01-Apr-02
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION	135.65	01-Apr-02
45321	PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS	81.81	01-Apr-02
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDI	91.76	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) B	97.21	01-Apr-02
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	118.43	01-Apr-02
45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	189.66	01-Apr-02
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	183.76	01-Apr-02
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTER	168.67	01-Apr-02
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	139.46	01-Apr-02
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	220.92	01-Apr-02
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	228.89	01-Apr-02
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	204.06	01-Apr-02
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TR	235.43	01-Apr-02
45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILAT	157.57	01-Apr-02
45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE	193.42	01-Apr-02
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	375.17	01-Apr-02
45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	448.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTI	398.95	01-Apr-02
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING (EG	510.26	01-Apr-02
45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(S), P	514.43	01-Apr-02
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), PO	447.77	01-Apr-02
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), PO	491.75	01-Apr-02
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT P	319.46	01-Apr-02
45500	PROCTOPLASTY; FOR STENOSIS	480.91	01-Apr-02
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	406.11	01-Apr-02
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	49.16	01-Apr-02
45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	839.35	01-Apr-02
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	715.27	01-Apr-02
45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	1129.47	01-Apr-02
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	541.05	01-Apr-02
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	773.80	01-Apr-02
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	1186.32	01-Apr-02
45800	CLOSURE OF RECTOVESICAL FISTULA;	879.56	01-Apr-02
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	1057.33	01-Apr-02
45820	CLOSURE OF RECTOURETHRAL FISTULA;	902.92	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	1026.65	01-Apr-02
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	104.67	01-Apr-02
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCA	160.27	01-Apr-02
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LO	206.03	01-Apr-02
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	213.86	01-Apr-02
45999	UNLISTED PROCEDURE, RECTUM	BR	01-Apr-02
46020	PLACEMENT OF SETON	222.59	01-Apr-02
46030	REMOVAL OF ANAL SETON, OTHER MARKER	145.61	01-Apr-02
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCED	374.24	01-Apr-02
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSA	278.87	01-Apr-02
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	150.81	01-Apr-02
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY O	399.66	01-Apr-02
46070	INCISION, ANAL SEPTUM (INFANT)	197.37	01-Apr-02
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	228.65	01-Apr-02
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	188.70	01-Apr-02
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	283.14	01-Apr-02
46210	CRYPTECTOMY; SINGLE	255.84	01-Apr-02
46211	CRYPTECTOMY; MULTIPLE (SEPARATE PROCEDURE)	346.13	01-Apr-02
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	106.89	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	151.05	01-Apr-02
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	228.64	01-Apr-02
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	368.74	01-Apr-02
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	441.13	01-Apr-02
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	414.73	01-Apr-02
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHO	444.07	01-Apr-02
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	497.11	01-Apr-02
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	539.24	01-Apr-02
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY	569.09	01-Apr-02
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	308.75	01-Apr-02
46275	FISTULECTOMY; SUBMUSCULAR	370.80	01-Apr-02
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIP	416.15	01-Apr-02
46285	FISTULECTOMY; SECOND STAGE	301.05	01-Apr-02
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	451.97	01-Apr-02
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	175.93	01-Apr-02
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	141.11	01-Apr-02
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	45.02	01-Apr-02
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	84.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	62.23	01-Apr-02
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	123.94	01-Apr-02
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FOR	103.60	01-Apr-02
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQU	138.84	01-Apr-02
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPS	175.24	01-Apr-02
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAU	143.77	01-Apr-02
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE T	176.57	01-Apr-02
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	477.90	01-Apr-02
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	476.37	01-Apr-02
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROCEDURE	482.38	01-Apr-02
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVESTIBUL	803.99	01-Apr-02
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL APPRO	1355.19	01-Apr-02
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AND SAC	1644.64	01-Apr-02
46740	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA	1432.33	01-Apr-02
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMB	1881.88	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	REPAIR OF CLOACAL ANOMALY BY		
46744	ANORECTOVAGINOPLASTY AND	1994.32	01-Apr-02
	URETHROPLASTY, SACROPERINE		-
	REPAIR OF CLOACAL ANOMALY BY		
46746	ANORECTOVAGINOPLASTY AND	2270.05	01-Apr-02
	URETHROPLASTY, COMBINED AB		·
	REPAIR OF CLOACAL ANOMALY BY		
46748	ANORECTOVAGINOPLASTY AND	2495.73	01-Apr-02
	URETHROPLASTY, COMBINED AB		'
10770	SPHINCTEROPLASTY, ANAL, FOR	-00.40	0.1.100
46750	INCONTINENCE OR PROLAPSE; ADULT	536.12	01-Apr-02
	SPHINCTEROPLASTY, ANAL, FOR		
46751	INCONTINENCE OR PROLAPSE; CHILD	583.06	01-Apr-02
	GRAFT (THIERSCH OPERATION) FOR RECTAL		
46753	INCONTINENCE AND/OR PROLAPSE	424.21	01-Apr-02
	REMOVAL OF THIERSCH WIRE OR SUTURE,		
46754	ANAL CANAL	218.27	01-Apr-02
	SPHINCTEROPLASTY, ANAL, FOR		
46760	INCONTINENCE, ADULT; MUSCLE TRANSPLANT	703.80	01-Apr-02
	SPHINCTEROPLASTY, ANAL, FOR		
46761	INCONTINENCE, ADULT; LEVATOR MUSCLE	682.80	01-Apr-02
10701	IMBRICATION (PAR	002.00	01 Apr 02
	SPHINCTEROPLASTY, ANAL, FOR		
46762	INCONTINENCE, ADULT; IMPLANTATION	611.15	01-Apr-02
40702	ARTIFICIAL SPHINCT	011.13	01 Apr 02
	DESTRUCTION OF LESION(S), ANUS (EG,		
46900	CONDYLOMA, PAPILLOMA, MOLLUSCUM	171.61	01-Apr-02
40300	CONTAGIOSUM,	171.01	01 Apr 02
	DESTRUCTION OF LESION(S), ANUS (EG,		
46910	CONDYLOMA, PAPILLOMA, MOLLUSCUM	179.47	01-Apr-02
40310	CONTAGIOSUM,	173.47	01-Api-02
	DESTRUCTION OF LESION(S), ANUS (EG,		
46916	CONDYLOMA, PAPILLOMA, MOLLUSCUM	177.27	01-Apr-02
40910	CONTAGIOSUM,	177.27	01-Api-02
	· ·		
46017	DESTRUCTION OF LESION(S), ANUS (EG,	216 16	01 Apr 02
46917	CONDYLOMA, PAPILLOMA, MOLLUSCUM	216.16	01-Apr-02
	CONTAGIOSUM,		
40000	DESTRUCTION OF LESION(S), ANUS (EG,	404.00	04
46922	CONDYLOMA, PAPILLOMA, MOLLUSCUM	194.22	01-Apr-02
	CONTAGIOSUM,		



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	277.14	01-Apr-02
46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL	339.30	01-Apr-02
46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL	225.60	01-Apr-02
46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL	356.14	01-Apr-02
46937	CRYOSURGERY OF RECTAL TUMOR; BENIGN	244.85	01-Apr-02
46938	CRYOSURGERY OF RECTAL TUMOR; MALIGNANT	331.71	01-Apr-02
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPA	184.48	01-Apr-02
46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	174.38	01-Apr-02
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	200.39	01-Apr-02
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	272.97	01-Apr-02
46999	UNLISTED PROCEDURE, ANUS	BR	01-Apr-02
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	327.25	01-Apr-02
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	114.49	01-Apr-02
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	697.43	01-Apr-02
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	344.39	01-Apr-02
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC O	646.19	01-Apr-02
47100	BIOPSY OF LIVER, WEDGE	489.79	01-Apr-02
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	1440.41	01-Apr-02
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	2164.83	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	1961.18	01-Apr-02
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	2125.83	01-Apr-02
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	650.27	01-Apr-02
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	804.19	01-Apr-02
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WITH OR	1107.25	01-Apr-02
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEM	1840.38	01-Apr-02
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE- EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF P	777.01	01-Apr-02
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	936.41	01-Apr-02
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	883.04	01-Apr-02
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	BR	01-Apr-02
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	1099.02	01-Apr-02
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	1086.48	01-Apr-02
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	656.08	01-Apr-02
47399	UNLISTED PROCEDURE, LIVER	BR	01-Apr-02
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	1264.64	01-Apr-02
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALC	1042.24	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALC	1064.30	01-Apr-02
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL	1010.43	01-Apr-02
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALC	627.78	01-Apr-02
47490	PERCUTANEOUS CHOLECYSTOSTOMY	533.05	01-Apr-02
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	113.19	01-Apr-02
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUT	458.82	01-Apr-02
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE	589.26	01-Apr-02
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIAR	731.07	01-Apr-02
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	330.17	01-Apr-02
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE	388.16	01-Apr-02
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION	176.16	01-Apr-02
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR W	333.59	01-Apr-02
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE O	369.57	01-Apr-02
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; WITH REMOVAL OF CALCU	519.22	01-Apr-02
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; WITH DILATION OF BILI	418.16	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T- TUBE OR OTHER TRACT; WITH DILATION OF BILI	467.20	01-Apr-02
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY	291.07	01-Apr-02
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY	321.50	01-Apr-02
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	693.40	01-Apr-02
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	747.52	01-Apr-02
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	899.93	01-Apr-02
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	798.81	01-Apr-02
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	BR	01-Apr-02
47600	CHOLECYSTECTOMY;	733.75	01-Apr-02
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	789.12	01-Apr-02
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	989.89	01-Apr-02
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	1032.33	01-Apr-02
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTO	1086.45	01-Apr-02
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (E	495.74	01-Apr-02
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOU	982.36	01-Apr-02
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	1744.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAH	1231.06	01-Apr-02
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAH	1567.60	01-Apr-02
47715	EXCISION OF CHOLEDOCHAL CYST	977.43	01-Apr-02
47716	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	893.84	01-Apr-02
47720	CHOLECYSTOENTEROSTOMY; DIRECT	884.30	01-Apr-02
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	1047.65	01-Apr-02
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1010.06	01-Apr-02
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	1175.24	01-Apr-02
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	1348.84	01-Apr-02
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	1365.21	01-Apr-02
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	1394.40	01-Apr-02
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	1622.02	01-Apr-02
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO- END ANASTOMOS	1249.68	01-Apr-02
47801	PLACEMENT OF CHOLEDOCHAL STENT	832.29	01-Apr-02
47802	U-TUBE HEPATICOENTEROSTOMY	1167.67	01-Apr-02
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	1099.37	01-Apr-02
47999	UNLISTED PROCEDURE, BILIARY TRACT	BR	01-Apr-02
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	927.97	01-Apr-02
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOM	1143.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
48005	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTI	1342.19	01-Apr-02
48020	REMOVAL OF PANCREATIC CALCULUS	872.16	01-Apr-02
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, WEDGE	696.79	01-Apr-02
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	443.78	01-Apr-02
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	903.53	01-Apr-02
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCREATIC	1305.76	01-Apr-02
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJE	1400.97	01-Apr-02
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PRO	1548.10	01-Apr-02
48148	EXCISION OF AMPULLA OF VATER	1002.11	01-Apr-02
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	2666.04	01-Apr-02
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	2464.25	01-Apr-02
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	2658.31	01-Apr-02
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	2485.57	01-Apr-02
48155	PANCREATECTOMY, TOTAL;	1527.05	01-Apr-02
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS O	BR	01-Apr-02
48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	1376.74	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDIT	108.77	01-Apr-02
48500	MARSUPIALIZATION OF PANCREATIC CYST	875.92	01-Apr-02
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	815.59	01-Apr-02
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	318.13	01-Apr-02
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	908.60	01-Apr-02
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	1123.70	01-Apr-02
48545	PANCREATORRHAPHY FOR INJURY	1007.89	01-Apr-02
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	1396.90	01-Apr-02
48550	DONOR PANCREATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT FROM CADAVER	BR	01-Apr-02
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	1984.75	01-Apr-02
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	982.49	01-Apr-02
48999	UNLISTED PROCEDURE, PANCREAS	BR	01-Apr-02
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARAT	741.09	01-Apr-02
49002	REOPENING OF RECENT LAPAROTOMY	680.56	01-Apr-02
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	791.85	01-Apr-02
49020	INSERTION OF INTRAPERITONEAL CANNUAL OR CATHETER FOR DRAINAGE OR DIALYSIS: TEMPO	1011.33	01-Apr-02
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEA	341.85	01-Apr-02
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	671.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	365.19	01-Apr-02
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	758.54	01-Apr-02
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	348.49	01-Apr-02
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	768.24	01-Apr-02
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR T	145.06	01-Apr-02
49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR T	135.23	01-Apr-02
49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	570.04	01-Apr-02
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	284.17	01-Apr-02
49200	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL TUMO	694.16	01-Apr-02
49201	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL TUMO	993.63	01-Apr-02
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	1390.88	01-Apr-02
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDL	977.71	01-Apr-02
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	544.36	01-Apr-02
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	711.65	01-Apr-02
49320	LAPAROSCOPY, ABDOMEN, PERITONEÚM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	346.13	01-Apr-02
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	365.57	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVI	386.20	01-Apr-02
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHO	583.12	01-Apr-02
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	BR	01-Apr-02
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	111.02	01-Apr-02
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPO	133.41	01-Apr-02
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMA	392.66	01-Apr-02
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	392.97	01-Apr-02
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGIC	89.19	01-Apr-02
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAIN	48.50	01-Apr-02
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	771.35	01-Apr-02
49426	REVISION OF PERITONEAL-VENOUS SHUNT	634.67	01-Apr-02
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PER	54.32	01-Apr-02
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	164.58	01-Apr-02
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	454.32	01-Apr-02
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	640.72	01-Apr-02
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	788.51	01-Apr-02
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PRETERM	396.24	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTO	607.68	01-Apr-02
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT H	336.23	01-Apr-02
49501	RPR INQNL HERNIA UNDER AGE 5 W/WO HYDRCLMY;BI	489.55	01-Apr-02
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	437.67	01-Apr-02
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATE	554.61	01-Apr-02
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	541.66	01-Apr-02
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	633.23	01-Apr-02
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	493.70	01-Apr-02
49540	REPAIR LUMBAR HERNIA	574.24	01-Apr-02
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	475.16	01-Apr-02
49553	REPAIR FEMORAL HERNIA;BILATERAL	515.73	01-Apr-02
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	524.91	01-Apr-02
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	607.26	01-Apr-02
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	631.97	01-Apr-02
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	744.09	01-Apr-02
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	644.27	01-Apr-02
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	758.05	01-Apr-02
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR	285.92	01-Apr-02
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	341.10	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	403.09	01-Apr-02
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	255.37	01-Apr-02
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	412.29	01-Apr-02
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	375.58	01-Apr-02
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	427.57	01-Apr-02
49590	REPAIR SPIGELIAN HERNIA	492.56	01-Apr-02
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	701.14	01-Apr-02
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	1494.20	01-Apr-02
49606	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING	1287.79	01-Apr-02
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	673.40	01-Apr-02
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	639.74	01-Apr-02
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	407.22	01-Apr-02
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	528.61	01-Apr-02
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	BR	01-Apr-02
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	751.63	01-Apr-02
49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SE	378.50	01-Apr-02
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	BR	01-Apr-02
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	738.41	01-Apr-02
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	1029.50	01-Apr-02
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	486.89	01-Apr-02
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	987.31	01-Apr-02
50045	NEPHROTOMY, WITH EXPLORATION	961.69	01-Apr-02
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	1173.16	01-Apr-02
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	1190.97	01-Apr-02
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	1246.67	01-Apr-02
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CAL	1542.23	01-Apr-02
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	1010.54	01-Apr-02
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	1386.06	01-Apr-02
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	1061.15	01-Apr-02
50120	PYELOTOMY; WITH EXPLORATION	999.19	01-Apr-02
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	1027.81	01-Apr-02
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING	1079.27	01-Apr-02
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	1216.99	01-Apr-02
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	157.89	01-Apr-02
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	707.95	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RES	1088.92	01-Apr-02
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTIO	1268.64	01-Apr-02
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTIO	1378.01	01-Apr-02
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	1375.40	01-Apr-02
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	1569.04	01-Apr-02
50240	NEPHRECTOMY, PARTIAL	1409.73	01-Apr-02
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	982.27	01-Apr-02
50290	EXCISION OF PERINEPHRIC CYST	927.93	01-Apr-02
50300	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER D	750.20	01-Apr-02
50320	DONOR NEPHRECTOMY, OPEN FROM LIVING DONOR (EXCLUDING PREPARATION AND MAINTENANCE	1383.23	01-Apr-02
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	884.54	01-Apr-02
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT	2073.51	01-Apr-02
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	2462.18	01-Apr-02
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	959.53	01-Apr-02
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	1359.56	01-Apr-02
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	115.05	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	192.21	01-Apr-02
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	237.36	01-Apr-02
50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE P	408.15	01-Apr-02
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH	202.35	01-Apr-02
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERA	113.72	01-Apr-02
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	100.38	01-Apr-02
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WI	1201.38	01-Apr-02
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WI	1503.13	01-Apr-02
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	1245.19	01-Apr-02
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	1107.56	01-Apr-02
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; AB	1391.54	01-Apr-02
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; TH	1490.53	01-Apr-02
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLAS	1280.50	01-Apr-02
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	898.58	01-Apr-02
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	1241.38	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTAÆS FASCIA	1343.33	01-Apr-02
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	1149.08	01-Apr-02
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR (EXCLUDING PREPARATIO	1469.43	01-Apr-02
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	1345.58	01-Apr-02
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	BR	01-Apr-02
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	376.69	01-Apr-02
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	696.03	01-Apr-02
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	820.84	01-Apr-02
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	828.06	01-Apr-02
50559	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	349.54	01-Apr-02
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	819.40	01-Apr-02
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	491.50	01-Apr-02
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	591.48	01-Apr-02
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	621.87	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	799.87	01-Apr-02
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	636.84	01-Apr-02
50578	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	605.09	01-Apr-02
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	629.16	01-Apr-02
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	756.26	01-Apr-02
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	978.66	01-Apr-02
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	941.27	01-Apr-02
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	1020.35	01-Apr-02
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	956.74	01-Apr-02
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	962.86	01-Apr-02
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	1087.39	01-Apr-02
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERIN	1200.16	01-Apr-02
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	420.09	01-Apr-02
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	194.92	01-Apr-02
50688	CHANGE OF URETEROSTOMY TUBE	98.98	01-Apr-02
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPH	443.64	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	990.76	01-Apr-02
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROS	1232.07	01-Apr-02
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	1044.51	01-Apr-02
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR	1168.99	01-Apr-02
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	559.19	01-Apr-02
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FA	791.62	01-Apr-02
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	1161.44	01-Apr-02
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	1221.36	01-Apr-02
50760	URETEROURETEROSTOMY	1161.70	01-Apr-02
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	1227.02	01-Apr-02
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	1157.96	01-Apr-02
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	1240.41	01-Apr-02
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	1275.45	01-Apr-02
50785	URETERONEOCYSTOSTOMY; WITH VESICO- PSOAS HITCH OR BLADDER FLAP	1281.06	01-Apr-02
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	1000.36	01-Apr-02
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDO	1324.59	01-Apr-02
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	1331.80	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER O	1396.73	01-Apr-02
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL	1866.72	01-Apr-02
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTO	1925.30	01-Apr-02
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTESTINE A	1272.21	01-Apr-02
50845	CUTANEOUS APPENDICO-VESICOSTOMY	1259.80	01-Apr-02
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	978.44	01-Apr-02
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	880.74	01-Apr-02
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	921.72	01-Apr-02
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	1179.72	01-Apr-02
50940	DELIGATION OF URETER	923.94	01-Apr-02
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	971.62	01-Apr-02
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT P	1446.10	01-Apr-02
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STEN	1322.48	01-Apr-02
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	BR	01-Apr-02
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	392.66	01-Apr-02
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	759.01	01-Apr-02
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	808.32	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	URETERAL ENDOSCOPY THROUGH		
50957	ESTABLISHED URETEROSTOMY, WITH OR	798.04	01-Apr-02
	WITHOUT IRRIGATION,		
	URETERAL ENDOSCOPY THROUGH		
50959	ESTABLISHED URETEROSTOMY, WITH OR	252.83	01-Apr-02
	WITHOUT IRRIGATION,		
	URETERAL ENDOSCOPY THROUGH		
50961	ESTABLISHED URETEROSTOMY, WITH OR	882.96	01-Apr-02
	WITHOUT IRRIGATION,		
	URETERAL ENDOSCOPY THROUGH		
50970	URETEROTOMY, WITH OR WITHOUT	409.81	01-Apr-02
	IRRIGATION, INSTILLATION		-
	URETERAL ENDOSCOPY THROUGH		
50972	URETEROTOMY, WITH OR WITHOUT	360.49	01-Apr-02
	IRRIGATION, INSTILLATION		•
	URETERAL ENDOSCOPY THROUGH		
50974	URETEROTOMY, WITH OR WITHOUT	527.21	01-Apr-02
	IRRIGATION, INSTILLATION		·
	URETERAL ENDOSCOPY THROUGH		
50976	URETEROTOMY, WITH OR WITHOUT	516.30	01-Apr-02
	IRRIGATION, INSTILLATION		•
	URETERAL ENDOSCOPY THROUGH		
50978	URETEROTOMY, WITH OR WITHOUT	297.04	01-Apr-02
	IRRIGATION, INSTILLATION		-
	URETERAL ENDOSCOPY THROUGH		
50980	URETEROTOMY, WITH OR WITHOUT	374.77	01-Apr-02
	IRRIGATION, INSTILLATION		
51000	ASPIRATION OF BLADDER BY NEEDLE	89.31	01-Apr-02
51005	ASPIRATION OF BLADDER; BY TROCAR OR	125 10	01-Apr-02
31005	INTRACATHETER	135.19	01-Api-02
51010	ASPIRATION OF BLADDER; WITH INSERTION OF	343.18	01-Apr-02
31010	SUPRAPUBIC CATHETER	343.10	01-Api-02
	CYSTOTOMY OR CYSTOSTOMY; WITH		
51020	FULGURATION AND/OR INSERTION OF	491.12	01-Apr-02
	RADIOACTIVE MATERI		
	CYSTOTOMY OR CYSTOSTOMY; WITH		
51030	CRYOSURGICAL DESTRUCTION OF	471.39	01-Apr-02
	INTRAVESICAL LESION		•
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	343.33	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	484.78	01-Apr-02
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTI	490.90	01-Apr-02
51060	TRANSVESICAL URETEROLITHOTOMY	627.76	01-Apr-02
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC	596.36	01-Apr-02
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	443.48	01-Apr-02
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	660.07	01-Apr-02
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	635.44	01-Apr-02
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PR	891.69	01-Apr-02
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	803.79	01-Apr-02
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	807.08	01-Apr-02
51550	CYSTECTOMY, PARTIAL; SIMPLE	983.03	01-Apr-02
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT	1287.64	01-Apr-02
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCY	1353.40	01-Apr-02
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	1492.36	01-Apr-02
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL	1883.39	01-Apr-02
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTAT	1895.44	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTAT	2151.10	01-Apr-02
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING IN	2008.96	01-Apr-02
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BO	2322.55	01-Apr-02
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SE	2465.98	01-Apr-02
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WI	2377.02	01-Apr-02
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	438.08	01-Apr-02
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYST	451.34	01-Apr-02
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	456.92	01-Apr-02
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	139.36	01-Apr-02
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	113.79	01-Apr-02
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	195.28	01-Apr-02
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URET	294.16	01-Apr-02
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)	194.33	01-Apr-02
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	222.42	01-Apr-02
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	202.56	01-Apr-02
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP- WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	57.48	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	101.77	01-Apr-02
51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY	198.08	01-Apr-02
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE,	159.02	01-Apr-02
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQ	159.70	01-Apr-02
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME	121.50	01-Apr-02
51795	VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE	203.75	01-Apr-02
51797	VOIDING PRESSURE STUDIES (VP); INTRA- ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GA	199.43	01-Apr-02
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL N	1090.68	01-Apr-02
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	1111.17	01-Apr-02
51840	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH	718.24	01-Apr-02
51841	ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COM	877.36	01-Apr-02
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG	684.52	01-Apr-02
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	785.35	01-Apr-02
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	964.04	01-Apr-02
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	517.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	867.97	01-Apr-02
51920	CLOSURE OF VESICOUTERINE FISTULA;	772.31	01-Apr-02
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	1008.61	01-Apr-02
51940	CLOSURE, EXSTROPHY OF BLADDER	1757.94	01-Apr-02
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	1501.82	01-Apr-02
51980	CUTANEOUS VESICOSTOMY	734.63	01-Apr-02
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	754.49	01-Apr-02
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SY	812.05	01-Apr-02
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	183.18	01-Apr-02
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	132.84	01-Apr-02
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, IN	254.89	01-Apr-02
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, IN	179.46	01-Apr-02
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGA	287.64	01-Apr-02
52204	CYSTOURETHROSCOPY, WITH BIOPSY	276.52	01-Apr-02
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	345.48	01-Apr-02
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	318.69	01-Apr-02
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND	422.95	01-Apr-02
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND	477.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND	738.33	01-Apr-02
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPS	253.88	01-Apr-02
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL O	217.38	01-Apr-02
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANE	232.75	01-Apr-02
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	348.83	01-Apr-02
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	416.36	01-Apr-02
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	443.19	01-Apr-02
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	358.78	01-Apr-02
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STE	237.05	01-Apr-02
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	504.43	01-Apr-02
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	341.03	01-Apr-02
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	356.22	01-Apr-02
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	253.20	01-Apr-02
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S) UN	300.69	01-Apr-02
52301	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL/BILATERAL WITH RESECTION	311.74	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM	300.62	01-Apr-02
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FRO	533.24	01-Apr-02
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FRO	668.71	01-Apr-02
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND R	1045.67	01-Apr-02
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND R	538.86	01-Apr-02
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	284.31	01-Apr-02
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF UR	376.61	01-Apr-02
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTI	297.61	01-Apr-02
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHO	765.13	01-Apr-02
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR D	934.62	01-Apr-02
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABL	275.08	01-Apr-02
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, L	332.65	01-Apr-02
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLO	360.01	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION	398.83	01-Apr-02
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, B	426.19	01-Apr-02
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION ST	454.42	01-Apr-02
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG	511.08	01-Apr-02
52347	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	279.02	01-Apr-02
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	339.13	01-Apr-02
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULA	419.36	01-Apr-02
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETER	485.83	01-Apr-02
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGU	425.49	01-Apr-02
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	593.61	01-Apr-02
52450	TRANSURETHRAL INCISION OF PROSTATE	530.48	01-Apr-02
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	595.89	01-Apr-02
52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA	498.83	01-Apr-02
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOP	836.45	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL F	527.31	01-Apr-02
52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL	586.07	01-Apr-02
52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECT	511.29	01-Apr-02
52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERAT	482.27	01-Apr-02
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR	541.94	01-Apr-02
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	481.90	01-Apr-02
52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BL	2106.48	01-Apr-02
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE,	778.74	01-Apr-02
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	473.59	01-Apr-02
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	308.77	01-Apr-02
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EX	291.58	01-Apr-02
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	186.29	01-Apr-02
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	175.12	01-Apr-02
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	625.86	01-Apr-02
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	282.47	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	511.33	01-Apr-02
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	743.81	01-Apr-02
53200	BIOPSY OF URETHRA	259.66	01-Apr-02
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	793.05	01-Apr-02
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	967.25	01-Apr-02
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	479.53	01-Apr-02
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	638.39	01-Apr-02
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	635.44	01-Apr-02
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	442.81	01-Apr-02
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	396.43	01-Apr-02
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	291.67	01-Apr-02
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	313.96	01-Apr-02
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	286.40	01-Apr-02
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	297.24	01-Apr-02
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNS	811.74	01-Apr-02
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	920.44	01-Apr-02
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	996.25	01-Apr-02
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR O	1175.24	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URE	915.60	01-Apr-02
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URE	987.58	01-Apr-02
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	982.14	01-Apr-02
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR	1047.05	01-Apr-02
53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCT	845.68	01-Apr-02
53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	556.91	01-Apr-02
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	749.71	01-Apr-02
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	955.85	01-Apr-02
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR	692.14	01-Apr-02
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	836.62	01-Apr-02
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	1249.32	01-Apr-02
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR,	654.69	01-Apr-02
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	410.54	01-Apr-02
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON	457.91	01-Apr-02
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	510.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	509.96	01-Apr-02
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	658.55	01-Apr-02
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	836.61	01-Apr-02
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	573.11	01-Apr-02
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	159.51	01-Apr-02
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SU	148.08	01-Apr-02
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL D	68.98	01-Apr-02
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIA	229.39	01-Apr-02
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQ	217.87	01-Apr-02
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	132.46	01-Apr-02
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	133.96	01-Apr-02
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	41.92	01-Apr-02
53670	CATHETERIZATION, URETHRA; SIMPLE	61.00	01-Apr-02
53675	CATHETERIZATION, URETHRA; COMPLICATED (MAY INCLUDE DIFFICULT REMOVAL OF BALLOON	192.66	01-Apr-02
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	2707.53	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	2404.71	01-Apr-02
53853	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY WATER-INDUCED THERMOTHERAPY	2031.75	01-Apr-02
53899	UNLISTED PROCEDURE, URINARY SYSTEM	BR	01-Apr-02
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	216.27	01-Apr-02
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	261.78	01-Apr-02
54015	INCISION AND DRAINAGE OF PENIS, DEEP	412.29	01-Apr-02
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	127.45	01-Apr-02
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	232.63	01-Apr-02
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	137.83	01-Apr-02
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	146.54	01-Apr-02
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	237.21	01-Apr-02
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	269.71	01-Apr-02
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	182.22	01-Apr-02
54105	BIOPSY OF PENIS; DEEP STRUCTURES	322.88	01-Apr-02
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	685.42	01-Apr-02
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	886.15	01-Apr-02
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LE	1020.12	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	573.69	01-Apr-02
54120	AMPUTATION OF PENIS; PARTIAL	682.32	01-Apr-02
54125	AMPUTATION OF PENIS; COMPLETE	910.87	01-Apr-02
	AMPUTATION OF PENIS, RADICAL; WITH		
54130	BILATERAL INGUINOFEMORAL	1279.67	01-Apr-02
	LYMPHADENECTOMY		
	AMPUTATION OF PENIS, RADICAL; IN		
54135	CONTINUITY WITH BILATERAL PELVIC	1624.76	01-Apr-02
	LYMPHADENECTOM		
54150	CIRCUMCISION, USING CLAMP OR OTHER	132.17	01-Apr-02
54150	DEVICE; NEWBORN	132.17	01-Apr-02
54152	CIRCUMCISION, USING CLAMP OR OTHER	160.54	01-Apr-02
34132	DEVICE; EXCEPT NEWBORN	100.54	01-Api-02
	CIRCUMCISION, SURGICAL EXCISION OTHER		
54160	THAN CLAMP, DEVICE OR DORSAL SLIT;	278.16	01-Apr-02
	NEWBORN		
	CIRCUMCISION, SURGICAL EXCISION OTHER		
54161	THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT	210.37	01-Apr-02
	, , , , , , , , , , , , , , , , , , ,		
54162	LYSIS OR EXCISION OF PENILE POST-	218.21	01-Apr-02
	CIRCUMCISION ADHESIONS		·
54163	REPAIR INCOMPLETE CIRCUMCISION	205.11	01-Apr-02
54164	FRENULOTOMY OF PENIS	179.89	01-Apr-02
54200	INJECTION PROCEDURE FOR PEYRONIE	117.93	01-Apr-02
0.200	DISEASE;	111.00	01740102
	INJECTION PROCEDURE FOR PEYRONIE		
54205	DISEASE; WITH SURGICAL EXPOSURE OF	570.67	01-Apr-02
	PLAQUE		
54220	IRRIGATION OF CORPORA CAVERNOSA FOR	168.01	01-Apr-02
	PRIAPISM		
54230	INJECTION PROCEDURE FOR CORPORA	80.59	01-Apr-02
	CAVERNOSOGRAPHY	33.33	0 : 7 : 0 =
	DYNAMIC CAVERNOSOMETRY, INCLUDING		
54231	INTRACAVERNOSAL INJECTION OF	157.97	01-Apr-02
	VASOCACTIVE DRUGS		
	INJECTION OF CORPORA CAVERNOSA WITH		
54235	PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	83.40	01-Apr-02
	PHEN		
54240	PENILE PLETHYSMOGRAPHY	98.81	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	197.77	01-Apr-02
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	724.69	01-Apr-02
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPAD	854.44	01-Apr-02
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION);	791.40	01-Apr-02
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION);	928.43	01-Apr-02
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	1121.19	01-Apr-02
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (808.91	01-Apr-02
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); W	846.44	01-Apr-02
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); W	1093.04	01-Apr-02
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); W	1022.93	01-Apr-02
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); W	1031.02	01-Apr-02
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	1145.69	01-Apr-02
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT	1484.66	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CL	646.17	01-Apr-02
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUI	1142.48	01-Apr-02
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUI	1164.08	01-Apr-02
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PRE	1597.74	01-Apr-02
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	783.77	01-Apr-02
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	902.14	01-Apr-02
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INC	1032.41	01-Apr-02
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXS	1386.91	01-Apr-02
54406	REMOVAL OF ALL COMPONENTS OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS WIT	683.16	01-Apr-02
54408	REPAIR OF COMPONENT(S) OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS	719.65	01-Apr-02
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PEN	850.46	01-Apr-02
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE	925.80	01-Apr-02
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PRO	506.58	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
54416	REMOVAL AND REPLACEMENT OF NON- INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF- CONTA	658.94	01-Apr-02
54417	REMOVAL AND REPLACEMENT OF NON- INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF- CONTA	812.03	01-Apr-02
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILAT	769.23	01-Apr-02
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BI	695.13	01-Apr-02
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE	449.26	01-Apr-02
54440	PLASTIC OPERATION OF PENIS FOR INJURY	363.00	01-Apr-02
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	80.36	01-Apr-02
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	223.43	01-Apr-02
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	230.34	01-Apr-02
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	530.01	01-Apr-02
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHES	365.23	01-Apr-02
54522	ORCHIECTOMY, PARTIAL	602.33	01-Apr-02
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	567.07	01-Apr-02
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	781.32	01-Apr-02
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	500.57	01-Apr-02
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	720.25	01-Apr-02
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	449.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	317.85	01-Apr-02
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	477.92	01-Apr-02
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	747.10	01-Apr-02
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	334.31	01-Apr-02
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	419.96	01-Apr-02
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	811.51	01-Apr-02
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	713.63	01-Apr-02
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	739.96	01-Apr-02
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	BR	01-Apr-02
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	371.45	01-Apr-02
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	282.77	01-Apr-02
54820	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	334.57	01-Apr-02
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	355.70	01-Apr-02
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	358.73	01-Apr-02
54860	EPIDIDYMECTOMY; UNILATERAL	423.42	01-Apr-02
54861	EPIDIDYMECTOMY; BILATERAL	573.58	01-Apr-02
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	851.14	01-Apr-02
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	1161.13	01-Apr-02
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	120.33	01-Apr-02
55040	EXCISION OF HYDROCELE; UNILATERAL	362.84	01-Apr-02
55041	EXCISION OF HYDROCELE; BILATERAL	514.78	01-Apr-02
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	363.47	01-Apr-02
55100	DRAINAGE OF SCROTAL WALL ABSCESS	346.47	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
55110	SCROTAL EXPLORATION	366.14	01-Apr-02
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	318.12	01-Apr-02
55150	RESECTION OF SCROTUM	475.04	01-Apr-02
55175	SCROTOPLASTY; SIMPLE	360.01	01-Apr-02
55180	SCROTOPLASTY; COMPLICATED	684.04	01-Apr-02
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	276.31	01-Apr-02
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	405.91	01-Apr-02
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	209.80	01-Apr-02
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCE	398.13	01-Apr-02
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	375.86	01-Apr-02
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	390.47	01-Apr-02
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	387.00	01-Apr-02
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	424.61	01-Apr-02
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNI	492.09	01-Apr-02
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	409.29	01-Apr-02
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	BR	01-Apr-02
55600	VESICULOTOMY;	418.25	01-Apr-02
55605	VESICULOTOMY; COMPLICATED	523.05	01-Apr-02
55650	VESICULECTOMY, ANY APPROACH	724.37	01-Apr-02
55680	EXCISION OF MULLERIAN DUCT CYST	362.08	01-Apr-02
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	181.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	320.63	01-Apr-02
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	506.48	01-Apr-02
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	587.90	01-Apr-02
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	1111.99	01-Apr-02
55810	PROSTATECTOMY, PERINEAL RADICAL;	1413.45	01-Apr-02
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPH	1684.15	01-Apr-02
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDIN	1893.57	01-Apr-02
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY	933.30	01-Apr-02
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY	1012.86	01-Apr-02
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	1416.64	01-Apr-02
55842	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYM	1529.02	01-Apr-02
55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUD	1794.70	01-Apr-02
55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	771.65	01-Apr-02
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	886.24	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH	1130.72	01-Apr-02
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH	1484.66	01-Apr-02
55870	ELECTROEJACULATION	173.65	01-Apr-02
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTI	1100.33	01-Apr-02
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	BR	01-Apr-02
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	132.54	01-Apr-02
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	129.83	01-Apr-02
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	243.42	01-Apr-02
56441	LYSIS OF LABIAL ADHESIONS	168.56	01-Apr-02
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	132.67	01-Apr-02
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, C	177.14	01-Apr-02
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	101.88	01-Apr-02
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESIO	69.06	01-Apr-02
56620	VULVECTOMY SIMPLE; PARTIAL	517.45	01-Apr-02
56625	VULVECTOMY SIMPLE; COMPLETE	609.30	01-Apr-02
56630	VULVECTOMY, RADICAL, PARTIAL;	871.80	01-Apr-02
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	1152.18	01-Apr-02
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	1407.38	01-Apr-02
56633	VULVECTOMY, RADICAL, COMPLETE;	1118.26	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	1259.97	01-Apr-02
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	1498.39	01-Apr-02
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENE	1488.99	01-Apr-02
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	203.38	01-Apr-02
56720	HYMENOTOMY, SIMPLE INCISION	79.30	01-Apr-02
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	286.84	01-Apr-02
56800	PLASTIC REPAIR OF INTROITUS	267.54	01-Apr-02
56805	CLITOROPLASTY FOR INTERSEX STATE	1176.28	01-Apr-02
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON- OBSTETRICAL (SEPARATE PROCEDURE)	278.05	01-Apr-02
57000	COLPOTOMY; WITH EXPLORATION	209.19	01-Apr-02
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	387.18	01-Apr-02
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	114.00	01-Apr-02
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	163.20	01-Apr-02
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPO	163.20	01-Apr-02
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	122.64	01-Apr-02
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	219.99	01-Apr-02
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	87.17	01-Apr-02
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	148.96	01-Apr-02
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	359.89	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL		
57107	WALL; WITH REMOVAL OF PARAVAGINAL	1355.08	01-Apr-02
	TISSUE		
	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL		
57109	WALL; WITH REMOVAL OF PARAVAGINAL	1557.33	01-Apr-02
	TISSUE		- 1
	VAGINECTOMY, COMPLETE REMOVAL OF		
57110	VAGINAL WALL;	887.60	01-Apr-02
	VAGINECTOMY, COMPLETE REMOVAL OF		
57111	VAGINAL WALL; WITH REMOVAL OF	1599.96	01-Apr-02
37111	PARAVAGINAL TISSU	1599.90	01-Api-02
	VAGINECTOMY, COMPLETE REMOVAL OF		
57112	VAGINAL WALL; WITH REMOVAL OF	1675.52	01 12 02
5/112		10/5.52	01-Apr-02
F7400	PARAVAGINAL TISSU	F40.40	04
57120	COLPOCLEISIS (LE FORT TYPE)	512.49	01-Apr-02
57130	EXCISION OF VAGINAL SEPTUM	186.83	01-Apr-02
57135	EXCISION OF VAGINAL CYST OR TUMOR	212.20	01-Apr-02
	IRRIGATION OF VAGINA AND/OR APPLICATION		
57150	OF MEDICAMENT FOR TREATMENT OF	53.02	01-Apr-02
	BACTERIAL		
	INSERTION OF UTERINE TANDEMS AND/OR		
57155	VAGINAL OVOIDS FOR CLINICAL	380.87	01-Apr-02
	BRACHYTHERAPY		
57160	FITTING & INSERTION FO PESSARY OR OTHER	77.72	01 Apr 02
57 160	INTRAVAGINAL SUPPORTDEVICE	11.12	01-Apr-02
F7470	DIAPHRAGM OR CERVICAL CAP FITTING WITH	00.04	04 4 00
57170	INSTRUCTIONS	80.34	01-Apr-02
	INTRODUCTION OF ANY HEMOSTATIC AGENT		
57180	OR PACK FOR SPONTANEOUS OR TRAUMATIC	134.64	01-Apr-02
	NONOBS		
	COLPORRHAPHY, SUTURE OF INJURY OF		
57200	VAGINA (NONOBSTETRICAL)	275.85	01-Apr-02
	COLPOPERINEORRHAPHY, SUTURE OF INJURY		
57210	OF VAGINA AND/OR PERINEUM	347.30	01-Apr-02
37210	(NONOBSTETRICAL)	347.30	01-Api-02
	PLASTIC OPERATION ON URETHRAL		
E7000		220.00	01 4== 00
57220	SPHINCTER, VAGINAL APPROACH (EG, KELLY	320.02	01-Apr-02
F7000	URETHRAL PL	224.25	04.4
57230	PLASTIC REPAIR OF URETHROCELE	391.65	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	442.15	01-Apr-02
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	400.42	01-Apr-02
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	574.45	01-Apr-02
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	765.64	01-Apr-02
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	475.98	01-Apr-02
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	754.09	01-Apr-02
57280	COLPOPEXY, ABDOMINAL APPROACH	926.26	01-Apr-02
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	605.29	01-Apr-02
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTI	815.69	01-Apr-02
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	697.30	01-Apr-02
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	831.76	01-Apr-02
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	750.37	01-Apr-02
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	560.83	01-Apr-02
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	823.87	01-Apr-02
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	531.70	01-Apr-02
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	857.08	01-Apr-02
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	955.14	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECO	651.55	01-Apr-02
57310	CLOSURE OF URETHROVAGINAL FISTULA;	451.08	01-Apr-02
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	527.71	01-Apr-02
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	567.50	01-Apr-02
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	776.06	01-Apr-02
57335	VAGINOPLASTY FOR INTERSEX STATE	1111.33	01-Apr-02
57400	DILATION OF VAGINA UNDER ANESTHESIA	135.54	01-Apr-02
57410	PELVIC EXAMINATION UNDER ANESTHESIA	149.18	01-Apr-02
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	188.98	01-Apr-02
57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)	91.66	01-Apr-02
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURET	114.07	01-Apr-02
57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX	197.90	01-Apr-02
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURA	103.58	01-Apr-02
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	107.94	01-Apr-02
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	171.19	01-Apr-02
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	154.40	01-Apr-02
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	171.63	01-Apr-02
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	321.25	01-Apr-02
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	279.63	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	338.31	01-Apr-02
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORT	1720.99	01-Apr-02
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	757.79	01-Apr-02
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	783.23	01-Apr-02
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	400.86	01-Apr-02
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REP	632.42	01-Apr-02
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	582.53	01-Apr-02
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	242.03	01-Apr-02
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	293.34	01-Apr-02
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	69.73	01-Apr-02
57820	DILATION AND CURETTAGE OF CERVICAL STUMP	161.26	01-Apr-02
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	92.37	01-Apr-02
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	270.17	01-Apr-02
58140	MYOMECTOMY, EXCISION OF LEIOMYOMATA OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROC	901.45	01-Apr-02
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PR	558.04	01-Apr-02
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUB	952.37	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUB	968.98	01-Apr-02
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT RE	956.20	01-Apr-02
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA- AORTIC AN	1355.79	01-Apr-02
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	1793.63	01-Apr-02
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOM	2445.98	01-Apr-02
58260	VAGINAL HYSTERECTOMY;	778.80	01-Apr-02
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	875.75	01-Apr-02
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF E	954.03	01-Apr-02
58267	VAGINAL HYSTERECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVA	950.57	01-Apr-02
58270	VAGINAL HYSTERECTOMY, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVA	857.89	01-Apr-02
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	943.84	01-Apr-02
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTEROCEL	959.65	01-Apr-02
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	1180.57	01-Apr-02
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	88.72	01-Apr-02
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	101.39	01-Apr-02
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOG	361.88	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	406.17	01-Apr-02
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	224.31	01-Apr-02
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHO	436.62	01-Apr-02
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHO	769.30	01-Apr-02
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	711.80	01-Apr-02
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	871.93	01-Apr-02
58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE	885.73	01-Apr-02
58551	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)	838.44	01-Apr-02
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	239.70	01-Apr-02
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	316.34	01-Apr-02
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	368.60	01-Apr-02
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY M	414.94	01-Apr-02
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	587.80	01-Apr-02
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	302.70	01-Apr-02
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, EL	375.31	01-Apr-02
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	BR	01-Apr-02
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	314.39	01-Apr-02
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POS	268.78	01-Apr-02
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN D	41.43	01-Apr-02
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL O	269.24	01-Apr-02
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	689.13	01-Apr-02
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPH	687.33	01-Apr-02
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PEL	708.79	01-Apr-02
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION	382.63	01-Apr-02
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	390.16	01-Apr-02
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	BR	01-Apr-02
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	445.80	01-Apr-02
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PR	719.40	01-Apr-02
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	416.27	01-Apr-02
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	321.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDO	411.25	01-Apr-02
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	292.60	01-Apr-02
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	605.87	01-Apr-02
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANEOUS (250.23	01-Apr-02
58825	TRANSPOSITION, OVARY(S)	409.60	01-Apr-02
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	405.37	01-Apr-02
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	464.19	01-Apr-02
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	707.09	01-Apr-02
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	488.39	01-Apr-02
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL OR P	1171.76	01-Apr-02
58950	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALP	996.54	01-Apr-02
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTEC	1419.70	01-Apr-02
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALP	1588.90	01-Apr-02
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	1832.05	01-Apr-02
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	1991.71	01-Apr-02
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MAL	981.38	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	BR	01-Apr-02
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	145.08	01-Apr-02
60001	ASPIRATION AND/OR INJECTION, THYROID CYST	93.24	01-Apr-02
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	114.81	01-Apr-02
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	651.17	01-Apr-02
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	733.10	01-Apr-02
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, IN	1014.73	01-Apr-02
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	714.30	01-Apr-02
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCL	931.48	01-Apr-02
60240	THYROIDECTOMY, TOTAL OR COMPLETE	1044.90	01-Apr-02
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	1203.62	01-Apr-02
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	1594.91	01-Apr-02
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVA	951.59	01-Apr-02
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC APPR	1238.75	01-Apr-02
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	1007.98	01-Apr-02
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	453.78	01-Apr-02
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	585.13	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	1030.09	01-Apr-02
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	1255.41	01-Apr-02
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION	1373.55	01-Apr-02
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	262.07	01-Apr-02
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	1168.95	01-Apr-02
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT R	1362.17	01-Apr-02
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADI	1584.12	01-Apr-02
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITH	1056.63	01-Apr-02
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITH	1252.65	01-Apr-02
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	1272.55	01-Apr-02
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	1534.73	01-Apr-02
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	1168.48	01-Apr-02
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	BR	01-Apr-02
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	BR	01-Apr-02
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	124.74	01-Apr-02
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, SUBSEQUENT TAPS	124.81	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTE	144.58	01-Apr-02
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTE	151.47	01-Apr-02
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROC	118.72	01-Apr-02
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	152.35	01-Apr-02
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	227.67	01-Apr-02
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	400.20	01-Apr-02
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULA	378.26	01-Apr-02
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRA	784.63	01-Apr-02
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDI	635.08	01-Apr-02
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	1161.77	01-Apr-02
61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	1266.92	01-Apr-02
61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL A	831.15	01-Apr-02
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	1134.70	01-Apr-02
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	1222.07	01-Apr-02
61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S) O	432.03	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONN	401.10	01-Apr-02
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SUR	753.33	01-Apr-02
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	871.24	01-Apr-02
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	1621.69	01-Apr-02
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	1954.27	01-Apr-02
61312	CRANIÉCTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL	1798.85	01-Apr-02
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREB	1821.28	01-Apr-02
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL	1703.20	01-Apr-02
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREB	1994.08	01-Apr-02
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	1809.60	01-Apr-02
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	1967.13	01-Apr-02
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	1609.85	01-Apr-02
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	1974.62	01-Apr-02
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	1829.15	01-Apr-02
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	1306.23	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), SUPRATENTORIAL	1341.76	01-Apr-02
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA	2196.85	01-Apr-02
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	1914.65	01-Apr-02
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	1917.63	01-Apr-02
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY	1827.51	01-Apr-02
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	1984.43	01-Apr-02
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	2025.26	01-Apr-02
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	1730.14	01-Apr-02
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	1794.60	01-Apr-02
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	1748.47	01-Apr-02
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	1330.34	01-Apr-02
61501	CRANIECTOMY; FOR OSTEOMYELITIS	1100.82	01-Apr-02
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SU	2066.14	01-Apr-02
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUP	2497.17	01-Apr-02
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS,	1850.58	01-Apr-02
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF	1832.49	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCE	2668.89	01-Apr-02
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENI	2915.10	01-Apr-02
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CERE	3753.35	01-Apr-02
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDL	3136.52	01-Apr-02
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	2029.40	01-Apr-02
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF	2017.35	01-Apr-02
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREB	3464.68	01-Apr-02
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREB	3037.55	01-Apr-02
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE H	1089.39	01-Apr-02
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELECTROD	1424.03	01-Apr-02
61534	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF EPILEPTOGENIC F	1407.52	01-Apr-02
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL ELEC	837.33	01-Apr-02
61536	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CEREBRAL EPILEP	2436.21	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61538	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR LOBECTOMY WITH ELECTROCORTI	1998.18	01-Apr-02
61539	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR LOBECTOMY WITH ELECTROCORTI	2272.17	01-Apr-02
61541	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR TRANSECTION OF CORPUS CALLO	1996.73	01-Apr-02
61542	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR TOTAL HEMISPHERECTOMY	2191.45	01-Apr-02
61543	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR PARTIAL OR SUBTOTAL HEMISPH	2052.56	01-Apr-02
61544	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR COAGULATION OF	1810.18	01-Apr-02
61545	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CRANIOPHARYNGIO	3001.94	01-Apr-02
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPRO	2237.64	01-Apr-02
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROAC	1595.06	01-Apr-02
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	937.39	01-Apr-02
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	1221.97	01-Apr-02
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	1508.65	01-Apr-02
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	1574.36	01-Apr-02
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLE	1619.52	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLE	2312.71	01-Apr-02
61563	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	1852.15	01-Apr-02
61564	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	2376.12	01-Apr-02
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	1679.13	01-Apr-02
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	1837.96	01-Apr-02
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DE	2446.26	01-Apr-02
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DE	3316.55	01-Apr-02
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	2029.02	01-Apr-02
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	2308.94	01-Apr-02
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERA	2239.51	01-Apr-02
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERA	2554.09	01-Apr-02
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	2428.61	01-Apr-02
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	2646.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACHTO ANTERIOR CRANIAL	1772.24	01-Apr-02
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPA	2785.78	01-Apr-02
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY	2945.16	01-Apr-02
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CA	2771.42	01-Apr-02
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	2003.61	01-Apr-02
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	2409.58	01-Apr-02
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN	2614.22	01-Apr-02
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INC	2284.23	01-Apr-02
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	1763.02	01-Apr-02
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	1963.67	01-Apr-02
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	1945.36	01-Apr-02
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	2694.63	01-Apr-02
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	2492.80	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	2945.41	01-Apr-02
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR (LIST	668.60	01-Apr-02
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANAST	1849.41	01-Apr-02
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST S	488.01	01-Apr-02
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY ANASTOM	1824.44	01-Apr-02
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID- CAVERNO	2877.43	01-Apr-02
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	2216.01	01-Apr-02
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	3011.53	01-Apr-02
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTE	1202.43	01-Apr-02
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOS	1451.31	01-Apr-02
61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	1177.58	01-Apr-02
61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	963.67	01-Apr-02
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	2262.07	01-Apr-02
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	4202.31	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	2772.57	01-Apr-02
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	4402.19	01-Apr-02
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	2125.45	01-Apr-02
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	3524.86	01-Apr-02
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULA	3377.75	01-Apr-02
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR	3251.55	01-Apr-02
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULAT	3466.50	01-Apr-02
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL- BASILAR CIRCU	3389.35	01-Apr-02
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING	1254.83	01-Apr-02
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTR	2542.95	01-Apr-02
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTR	2143.32	01-Apr-02
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTR	1805.87	01-Apr-02
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL- INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL)	2600.83	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING	1278.95	01-Apr-02
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING	1443.75	01-Apr-02
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRAC	1300.73	01-Apr-02
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRAC	1323.99	01-Apr-02
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SE	1568.83	01-Apr-02
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF CATHETER(S)	1549.21	01-Apr-02
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG	785.14	01-Apr-02
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG	1047.38	01-Apr-02
61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE	1306.15	01-Apr-02
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCEDURE, INTRACRANIAL	292.60	01-Apr-02
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORT	909.10	01-Apr-02
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBR	1410.07	01-Apr-02
61862	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC IMPLANTATION	1357.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	1003.28	01-Apr-02
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUBCORTI	1026.83	01-Apr-02
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	491.92	01-Apr-02
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR O	416.02	01-Apr-02
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR O	603.55	01-Apr-02
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	369.86	01-Apr-02
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	724.04	01-Apr-02
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	1079.26	01-Apr-02
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF	1450.77	01-Apr-02
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY FOR R	1625.60	01-Apr-02
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE	1477.34	01-Apr-02
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH CRANIOPLASTY	1667.76	01-Apr-02
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTO	1875.39	01-Apr-02
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	1590.77	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
62121	CRANIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE	1492.21	01-Apr-02
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	1003.04	01-Apr-02
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	1129.94	01-Apr-02
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	824.26	01-Apr-02
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	943.81	01-Apr-02
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	1332.44	01-Apr-02
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETE	1144.48	01-Apr-02
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM D	1370.47	01-Apr-02
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	1494.52	01-Apr-02
62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, - AURICULAR	854.10	01-Apr-02
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, - PLEURAL, OTHER TERMINUS	940.38	01-Apr-02
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	290.50	01-Apr-02
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	1350.36	01-Apr-02
62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	1021.76	01-Apr-02
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, - JUGULAR, -AURICULAR	991.76	01-Apr-02
62223	CREATION OF SHUNT; VENTRICULO- PERITONEAL, -PLEURAL, OTHER TERMINUS	982.67	01-Apr-02
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	415.95	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTA	777.08	01-Apr-02
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	82.12	01-Apr-02
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	524.06	01-Apr-02
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT	1072.63	01-Apr-02
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	464.59	01-Apr-02
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	298.95	01-Apr-02
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	286.47	01-Apr-02
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	150.43	01-Apr-02
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	151.43	01-Apr-02
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	136.04	01-Apr-02
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOL	210.82	01-Apr-02
62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS);	222.34	01-Apr-02
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOL	258.52	01-Apr-02
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL	196.13	01-Apr-02
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTE	538.11	01-Apr-02
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	287.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	284.13	01-Apr-02
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	547.58	01-Apr-02
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPIN	716.68	01-Apr-02
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	211.76	01-Apr-02
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	207.25	01-Apr-02
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	219.38	01-Apr-02
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	193.08	01-Apr-02
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	427.06	01-Apr-02
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR	701.13	01-Apr-02
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	340.96	01-Apr-02
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	181.61	01-Apr-02
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	354.19	01-Apr-02
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	455.14	01-Apr-02
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	351.74	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	28.91	01-Apr-02
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	44.16	01-Apr-02
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1232.90	01-Apr-02
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1241.24	01-Apr-02
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1159.75	01-Apr-02
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	975.42	01-Apr-02
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH D	1158.46	01-Apr-02
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1493.42	01-Apr-02
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1476.54	01-Apr-02
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	1237.41	01-Apr-02
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	1161.85	01-Apr-02
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	956.43	01-Apr-02
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	225.81	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	1435.73	01-Apr-02
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	1348.40	01-Apr-02
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	BR	01-Apr-02
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	BR	01-Apr-02
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRE	1285.94	01-Apr-02
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRE	1228.59	01-Apr-02
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRE	1142.29	01-Apr-02
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRE	234.17	01-Apr-02
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	1668.60	01-Apr-02
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	1534.08	01-Apr-02
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	349.06	01-Apr-02
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG,	1851.53	01-Apr-02
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG,	225.55	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), I	1457.66	01-Apr-02
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), I	293.15	01-Apr-02
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), IN	1576.56	01-Apr-02
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), I	220.59	01-Apr-02
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR A	1819.68	01-Apr-02
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR A	315.66	01-Apr-02
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORA	2020.19	01-Apr-02
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORA	227.57	01-Apr-02
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED T	2518.11	01-Apr-02
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED T	310.45	01-Apr-02
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERIT	2061.11	01-Apr-02
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERIT	205.53	01-Apr-02
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THO	1496.34	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	1385.20	01-Apr-02
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL SPACE	1588.36	01-Apr-02
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVI	1328.44	01-Apr-02
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVI	1459.02	01-Apr-02
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	1093.18	01-Apr-02
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	1321.11	01-Apr-02
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	1299.22	01-Apr-02
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE;	1404.92	01-Apr-02
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE:	1347.51	01-Apr-02
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE	1557.01	01-Apr-02
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE	1526.19	01-Apr-02
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES	1744.51	01-Apr-02
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES	1883.83	01-Apr-02
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	1380.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CO	2756.12	01-Apr-02
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CO	2792.59	01-Apr-02
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CO	2820.14	01-Apr-02
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	1599.87	01-Apr-02
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	1671.00	01-Apr-02
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	1353.23	01-Apr-02
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	1274.29	01-Apr-02
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	1885.72	01-Apr-02
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	1985.66	01-Apr-02
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	1844.69	01-Apr-02
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL;	1733.60	01-Apr-02
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	1765.17	01-Apr-02
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	1744.52	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	1559.93	01-Apr-02
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	1536.91	01-Apr-02
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULL	2083.05	01-Apr-02
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULL	2054.74	01-Apr-02
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULL	1918.46	01-Apr-02
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	1781.01	01-Apr-02
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULL	2505.31	01-Apr-02
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULL	2526.56	01-Apr-02
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULL	2565.15	01-Apr-02
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INT	2630.57	01-Apr-02
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	1729.45	01-Apr-02
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	1907.26	01-Apr-02
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	1957.00	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	2066.12	01-Apr-02
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	2029.89	01-Apr-02
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	2217.27	01-Apr-02
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	2026.11	01-Apr-02
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	2151.40	01-Apr-02
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISI	361.96	01-Apr-02
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	860.26	01-Apr-02
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FO	561.29	01-Apr-02
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	1152.95	01-Apr-02
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	435.96	01-Apr-02
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDUR	786.41	01-Apr-02
63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) OR	432.95	01-Apr-02
63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	508.40	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
FROC	REVISION OR REMOVAL OF IMPLANTED SPINAL	IVATEZUUZ	LITUATE
63688	NEUROSTIMULATOR PULSE GENERATOR OR RECEI	398.41	01-Apr-02
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	1152.43	01-Apr-02
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	1184.48	01-Apr-02
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	1460.06	01-Apr-02
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	1679.28	01-Apr-02
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	859.48	01-Apr-02
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	1082.34	01-Apr-02
63710	DURAL GRAFT, SPINAL	1009.85	01-Apr-02
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID- PERITONEAL, -PLEURAL, OR OTHER; INCLUDIN	864.18	01-Apr-02
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID- PERITONEAL, -PLEURAL, OR OTHER; PERCUTAN	583.37	01-Apr-02
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	610.21	01-Apr-02
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	478.27	01-Apr-02
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	125.42	01-Apr-02
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	166.25	01-Apr-02
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	130.56	01-Apr-02
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	150.46	01-Apr-02
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	135.86	01-Apr-02
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	129.34	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	144.49	01-Apr-02
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	136.27	01-Apr-02
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	140.04	01-Apr-02
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	130.86	01-Apr-02
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	123.30	01-Apr-02
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	156.69	01-Apr-02
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	144.50	01-Apr-02
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	142.05	01-Apr-02
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	148.65	01-Apr-02
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	160.14	01-Apr-02
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	104.41	01-Apr-02
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	222.60	01-Apr-02
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	188.42	01-Apr-02
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	198.21	01-Apr-02
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	195.08	01-Apr-02
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	240.52	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	220.31	01-Apr-02
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	223.76	01-Apr-02
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	208.90	01-Apr-02
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	128.72	01-Apr-02
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	138.11	01-Apr-02
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	130.42	01-Apr-02
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	160.42	01-Apr-02
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORIN	166.25	01-Apr-02
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	26.31	01-Apr-02
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	241.55	01-Apr-02
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLU	162.78	01-Apr-02
64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE	179.66	01-Apr-02
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	787.90	01-Apr-02
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	163.70	01-Apr-02
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	534.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLU	301.07	01-Apr-02
64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE	325.26	01-Apr-02
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	313.26	01-Apr-02
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	738.54	01-Apr-02
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	179.88	01-Apr-02
64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATO	193.92	01-Apr-02
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	144.48	01-Apr-02
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	247.59	01-Apr-02
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRA	369.45	01-Apr-02
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRA	500.61	01-Apr-02
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLE	175.85	01-Apr-02
64613	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL	138.62	01-Apr-02
64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYST	216.41	01-Apr-02
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	212.46	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACR	265.18	01-Apr-02
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACR	148.09	01-Apr-02
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	281.75	01-Apr-02
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	170.73	01-Apr-02
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	237.88	01-Apr-02
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	279.89	01-Apr-02
64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONIT	205.46	01-Apr-02
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	331.39	01-Apr-02
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	338.14	01-Apr-02
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	474.72	01-Apr-02
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	543.78	01-Apr-02
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	723.12	01-Apr-02
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	592.58	01-Apr-02
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	455.41	01-Apr-02
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	473.09	01-Apr-02
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	388.22	01-Apr-02
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	402.84	01-Apr-02
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	328.22	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	276.17	01-Apr-02
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN A	213.82	01-Apr-02
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	342.96	01-Apr-02
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	369.47	01-Apr-02
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	334.86	01-Apr-02
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	408.17	01-Apr-02
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	398.24	01-Apr-02
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	454.90	01-Apr-02
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	410.62	01-Apr-02
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	458.44	01-Apr-02
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	494.12	01-Apr-02
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELECTIVE	848.67	01-Apr-02
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	467.66	01-Apr-02
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	390.23	01-Apr-02
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTO	520.48	01-Apr-02
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTO	612.74	01-Apr-02
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	558.04	01-Apr-02
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	535.87	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	353.56	01-Apr-02
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	356.34	01-Apr-02
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN AD	204.74	01-Apr-02
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	420.88	01-Apr-02
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIS	252.11	01-Apr-02
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	661.04	01-Apr-02
64786	EXCISION OF NEUROMA; SCIATIC NERVE	1103.00	01-Apr-02
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NE	285.15	01-Apr-02
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	328.88	01-Apr-02
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	776.69	01-Apr-02
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	996.63	01-Apr-02
64795	BIOPSY OF NERVE	208.16	01-Apr-02
64802	SYMPATHECTOMY, CERVICAL	601.10	01-Apr-02
64804	SYMPATHECTOMY, CERVICOTHORACIC	1009.63	01-Apr-02
64809	SYMPATHECTOMY, THORACOLUMBAR	820.21	01-Apr-02
64818	SYMPATHECTOMY, LUMBAR	701.81	01-Apr-02
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	737.90	01-Apr-02
64821	SYMPATHECTOMY; RADIAL ARTERY	605.66	01-Apr-02
64822	SYMPATHECTOMY; ULNAR ARTERY	605.66	01-Apr-02
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	699.52	01-Apr-02
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	642.28	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST SEPAR	346.99	01-Apr-02
64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	677.37	01-Apr-02
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	753.77	01-Apr-02
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	756.48	01-Apr-02
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CO	413.51	01-Apr-02
64840	SUTURE OF POSTERIOR TIBIAL NERVE	897.03	01-Apr-02
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOS	944.32	01-Apr-02
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSIT	996.64	01-Apr-02
64858	SUTURE OF SCIATIC NERVE	1148.16	01-Apr-02
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO	284.34	01-Apr-02
64861	SUTURE OF; BRACHIAL PLEXUS	1339.68	01-Apr-02
64862	SUTURE OF; LUMBAR PLEXUS	1337.72	01-Apr-02
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	849.63	01-Apr-02
64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	1043.81	01-Apr-02
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	1032.77	01-Apr-02
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	971.14	01-Apr-02
64870	ANASTOMOSIS; FACIAL-PHRENIC	1021.52	01-Apr-02
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDIT	131.74	01-Apr-02
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LI	194.68	01-Apr-02
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN A	208.36	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	1174.35	01-Apr-02
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	1382.95	01-Apr-02
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	1059.27	01-Apr-02
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4	990.07	01-Apr-02
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LE	986.32	01-Apr-02
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 C	1100.09	01-Apr-02
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	1268.30	01-Apr-02
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	1298.52	01-Apr-02
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP	1249.21	01-Apr-02
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MO	1349.44	01-Apr-02
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION T	685.11	01-Apr-02
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN	786.24	01-Apr-02
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	935.75	01-Apr-02
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	1252.52	01-Apr-02
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	BR	01-Apr-02
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	596.18	01-Apr-02
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	623.09	01-Apr-02
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	626.94	01-Apr-02
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	664.39	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	726.50	01-Apr-02
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS	1110.24	01-Apr-02
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS	1270.55	01-Apr-02
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS	1298.11	01-Apr-02
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	287.88	01-Apr-02
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	634.86	01-Apr-02
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED T	610.81	01-Apr-02
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IM	658.07	01-Apr-02
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	573.96	01-Apr-02
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AN	756.50	01-Apr-02
65175	REMOVAL OF OCULAR IMPLANT	575.53	01-Apr-02
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	173.80	01-Apr-02
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIO	185.08	01-Apr-02
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	217.57	01-Apr-02
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	188.57	01-Apr-02
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	548.76	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTIO	853.12	01-Apr-02
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRAC	976.37	01-Apr-02
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	188.42	01-Apr-02
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HO	308.98	01-Apr-02
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPI	327.34	01-Apr-02
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BO	362.67	01-Apr-02
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TIS	593.59	01-Apr-02
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESE	1011.36	01-Apr-02
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	488.47	01-Apr-02
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	467.09	01-Apr-02
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	527.86	01-Apr-02
65410	BIOPSY OF CORNEA	121.95	01-Apr-02
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	407.03	01-Apr-02
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	470.68	01-Apr-02
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	226.03	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CUR	81.88	01-Apr-02
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	328.71	01-Apr-02
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTER	353.51	01-Apr-02
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	295.48	01-Apr-02
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	976.51	01-Apr-02
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	1063.78	01-Apr-02
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	1154.79	01-Apr-02
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	1147.93	01-Apr-02
65770	KERATOPROSTHESIS	1260.27	01-Apr-02
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	394.80	01-Apr-02
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	525.29	01-Apr-02
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC AS	155.61	01-Apr-02
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC R	156.35	01-Apr-02
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VI	455.04	01-Apr-02
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BL	472.77	01-Apr-02
65820	GONIOTOMY	679.85	01-Apr-02
65850	TRABECULOTOMY AB EXTERNO	804.54	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES	375.79	01-Apr-02
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	287.01	01-Apr-02
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	460.25	01-Apr-02
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	493.32	01-Apr-02
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	511.49	01-Apr-02
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	546.41	01-Apr-02
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	853.67	01-Apr-02
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	632.74	01-Apr-02
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	599.33	01-Apr-02
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	145.24	01-Apr-02
66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	114.64	01-Apr-02
66130	EXCISION OF LESION, SCLERA	553.02	01-Apr-02
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	709.51	01-Apr-02
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	707.20	01-Apr-02
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH I	825.92	01-Apr-02
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	692.38	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PR	947.21	01-Apr-02
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FR	1143.26	01-Apr-02
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	1084.95	01-Apr-02
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	649.27	01-Apr-02
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	649.75	01-Apr-02
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	834.97	01-Apr-02
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LA	525.87	01-Apr-02
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	303.23	01-Apr-02
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BO	315.95	01-Apr-02
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	699.41	01-Apr-02
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	986.21	01-Apr-02
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPA	484.02	01-Apr-02
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE	538.38	01-Apr-02
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDU	502.26	01-Apr-02
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	449.62	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROU	541.77	01-Apr-02
66700	CILIARY BODY DESTRUCTION; DIATHERMY	457.96	01-Apr-02
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	456.78	01-Apr-02
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	451.99	01-Apr-02
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	407.16	01-Apr-02
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	353.55	01-Apr-02
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF V	383.52	01-Apr-02
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	422.51	01-Apr-02
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	393.33	01-Apr-02
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE A	219.47	01-Apr-02
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PR	654.19	01-Apr-02
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	593.74	01-Apr-02
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	591.60	01-Apr-02
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC	667.78	01-Apr-02
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	725.30	01-Apr-02
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	654.10	01-Apr-02
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	756.55	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	682.88	01-Apr-02
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ON	876.66	01-Apr-02
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	617.40	01-Apr-02
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ON	734.21	01-Apr-02
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WIT	615.95	01-Apr-02
66986	EXCHANGE OF INTRAOCULAR LENS	860.82	01-Apr-02
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	BR	01-Apr-02
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	368.19	01-Apr-02
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	445.10	01-Apr-02
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APP	558.16	01-Apr-02
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCH	751.69	01-Apr-02
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INC	983.79	01-Apr-02
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	358.05	01-Apr-02
67030	DISCISSION ÓF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	422.94	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPAC	295.74	01-Apr-02
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	858.54	01-Apr-02
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING	1515.74	01-Apr-02
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATI	1080.08	01-Apr-02
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAG	1256.61	01-Apr-02
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	682.20	01-Apr-02
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WI	594.46	01-Apr-02
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECT	1121.41	01-Apr-02
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR O	1547.01	01-Apr-02
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RE	957.33	01-Apr-02
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVI	1268.89	01-Apr-02
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	433.50	01-Apr-02
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	698.21	01-Apr-02
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	844.26	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	477.73	01-Apr-02
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	424.95	01-Apr-02
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	565.39	01-Apr-02
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	644.75	01-Apr-02
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL	1036.93	01-Apr-02
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION), O	939.90	01-Apr-02
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	338.62	01-Apr-02
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	45.52	01-Apr-02
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	575.75	01-Apr-02
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	878.38	01-Apr-02
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	701.77	01-Apr-02
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	741.42	01-Apr-02
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	BR	01-Apr-02
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	516.93	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	641.56	01-Apr-02
67314	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	574.83	01-Apr-02
67316	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	709.48	01-Apr-02
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	579.62	01-Apr-02
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MU	460.86	01-Apr-02
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT I	399.49	01-Apr-02
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OC	444.63	01-Apr-02
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCL	374.00	01-Apr-02
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERA	161.01	01-Apr-02
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR M	477.09	01-Apr-02
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	554.57	01-Apr-02
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	258.91	01-Apr-02
67350	BIOPSY OF EXTRAOCULAR MUSCLE	207.74	01-Apr-02
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	BR	01-Apr-02
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	830.61	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAIN	703.48	01-Apr-02
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOV	850.06	01-Apr-02
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOV	802.06	01-Apr-02
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOV	912.51	01-Apr-02
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	114.53	01-Apr-02
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMO	1460.42	01-Apr-02
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMO	1180.41	01-Apr-02
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAI	1070.90	01-Apr-02
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMO	1127.41	01-Apr-02
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLO	1085.99	01-Apr-02
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	103.42	01-Apr-02
67505	RETROBULBAR INJECTION; ALCOHOL	69.13	01-Apr-02
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE	52.43	01-Apr-02
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	839.97	01-Apr-02
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	831.49	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	1039.17	01-Apr-02
67599	UNLISTED PROCEDURE, ORBIT	BR	01-Apr-02
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	207.66	01-Apr-02
67710	SEVERING OF TARSORRHAPHY	204.30	01-Apr-02
67715	CANTHOTOMY (SEPARATE PROCEDURE)	79.18	01-Apr-02
67800	EXCISION OF CHALAZION; SINGLE	127.86	01-Apr-02
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	248.47	01-Apr-02
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	267.43	01-Apr-02
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION	281.42	01-Apr-02
67810	BIOPSY OF EYELID	190.60	01-Apr-02
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	82.98	01-Apr-02
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY	258.79	01-Apr-02
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	317.65	01-Apr-02
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAF	412.85	01-Apr-02
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE D	254.92	01-Apr-02
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	271.76	01-Apr-02
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	304.65	01-Apr-02
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	450.71	01-Apr-02
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	595.58	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID- FOREHEAD OR CORONAL APPROACH)	566.37	01-Apr-02
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	539.88	01-Apr-02
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDE	546.40	01-Apr-02
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPR	653.68	01-Apr-02
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPR	673.24	01-Apr-02
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES	536.69	01-Apr-02
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO- TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (E	495.96	01-Apr-02
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	539.39	01-Apr-02
67911	CORRECTION OF LID RETRACTION	447.40	01-Apr-02
67914	REPAIR OF ECTROPION; SUTURE	460.69	01-Apr-02
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	377.32	01-Apr-02
67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	634.61	01-Apr-02
67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR TARSAL	569.68	01-Apr-02
67921	REPAIR OF ENTROPION; SUTURE	436.48	01-Apr-02
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	370.89	01-Apr-02
67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	663.14	01-Apr-02
67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	540.28	01-Apr-02
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	416.32	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	672.30	01-Apr-02
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	241.96	01-Apr-02
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	533.68	01-Apr-02
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHU	536.68	01-Apr-02
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHU	575.09	01-Apr-02
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP F	720.15	01-Apr-02
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP F	933.91	01-Apr-02
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP F	934.30	01-Apr-02
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP F	617.57	01-Apr-02
67999	UNLISTED PROCEDURE, EYELIDS	BR	01-Apr-02
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	207.30	01-Apr-02
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	182.10	01-Apr-02
68100	BIOPSY OF CONJUNCTIVA	221.09	01-Apr-02
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	261.37	01-Apr-02
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	279.54	01-Apr-02
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	305.51	01-Apr-02
68135	DESTRUCTION OF LESION, CONJUNCTIVA	239.04	01-Apr-02
68200	SUBCONJUNCTIVAL INJECTION	170.96	01-Apr-02
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	421.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	554.57	01-Apr-02
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL- DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSI	541.74	01-Apr-02
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL- DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	617.39	01-Apr-02
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	435.62	01-Apr-02
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (I	514.10	01-Apr-02
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON WITH OR WITHOUT INSERTION OF CO	528.26	01-Apr-02
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	392.62	01-Apr-02
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	585.08	01-Apr-02
68399	UNLISTED PROCEDURE, CONJUNCTIVA	BR	01-Apr-02
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	308.69	01-Apr-02
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	337.68	01-Apr-02
68440	SNIP INCISION OF LACRIMAL PUNCTUM	192.68	01-Apr-02
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	804.69	01-Apr-02
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	818.60	01-Apr-02
68510	BIOPSY OF LACRIMAL GLAND	498.12	01-Apr-02
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	574.65	01-Apr-02
68525	BIOPSY OF LACRIMAL SAC	275.24	01-Apr-02
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	483.80	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	745.25	01-Apr-02
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	939.51	01-Apr-02
68700	PLASTIC REPAIR OF CANALICULI	463.92	01-Apr-02
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	257.92	01-Apr-02
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	663.33	01-Apr-02
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TU	616.09	01-Apr-02
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSER	660.06	01-Apr-02
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURG	233.37	01-Apr-02
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	239.75	01-Apr-02
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	703.03	01-Apr-02
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	220.66	01-Apr-02
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION	307.79	01-Apr-02
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION REQUIRING GEN ANESTHES	169.86	01-Apr-02
68815	PROBING OF NASOLACRIMAL DUCT, WITH/WITHOUT IRRIGATION WITH INSERTION OF TUBE/STE	425.52	01-Apr-02
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	250.79	01-Apr-02
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	379.77	01-Apr-02
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	BR	01-Apr-02
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	120.34	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	167.85	01-Apr-02
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	125.65	01-Apr-02
69100	BIOPSY EXTERNAL EAR	80.68	01-Apr-02
69105	BIOPSY EXTERNAL AUDITORY CANAL	83.83	01-Apr-02
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	264.10	01-Apr-02
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	298.21	01-Apr-02
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	630.24	01-Apr-02
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	224.31	01-Apr-02
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	974.09	01-Apr-02
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	1442.32	01-Apr-02
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	51.71	01-Apr-02
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	102.94	01-Apr-02
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	38.36	01-Apr-02
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	80.08	01-Apr-02
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROU	125.16	01-Apr-02
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	436.10	01-Apr-02
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO	808.64	01-Apr-02
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	1226.50	01-Apr-02
69399	UNLISTED PROCEDURE, EXTERNAL EAR	BR	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITH CATHETERIZATION	79.34	01-Apr-02
69401	EUSTACHIAN TUBE INFLATION, TRANSNASAL; WITHOUT CATHETERIZATION	66.00	01-Apr-02
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	196.34	01-Apr-02
69410	FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE)	58.56	01-Apr-02
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	124.73	01-Apr-02
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENE	153.20	01-Apr-02
69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN	85.69	01-Apr-02
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHE	138.37	01-Apr-02
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	157.54	01-Apr-02
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	594.69	01-Apr-02
69450	TYMPANOLYSIS, TRANSCANAL	456.89	01-Apr-02
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	695.43	01-Apr-02
69502	MASTOIDECTOMY; COMPLETE	936.85	01-Apr-02
69505	MASTOIDECTOMY; MODIFIED RADICAL	976.87	01-Apr-02
69511	MASTOIDECTOMY; RADICAL	1015.19	01-Apr-02
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	1365.27	01-Apr-02
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	2417.86	01-Apr-02
69540	EXCISION AURAL POLYP	122.71	01-Apr-02
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	846.29	01-Apr-02
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	1367.60	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	2200.15	01-Apr-02
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	1010.62	01-Apr-02
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	1021.07	01-Apr-02
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	1053.13	01-Apr-02
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	1046.65	01-Apr-02
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	1300.78	01-Apr-02
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CL	305.95	01-Apr-02
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	493.00	01-Apr-02
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MI	768.26	01-Apr-02
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MI	981.71	01-Apr-02
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MI	937.26	01-Apr-02
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY,	956.63	01-Apr-02
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY,	1152.94	01-Apr-02
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY,	1145.34	01-Apr-02
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	961.17	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	1261.17	01-Apr-02
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	1157.93	01-Apr-02
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	1270.28	01-Apr-02
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	1229.74	01-Apr-02
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYM	1339.75	01-Apr-02
69650	STAPES MOBILIZATION	736.72	01-Apr-02
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH O	888.25	01-Apr-02
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH O	1165.83	01-Apr-02
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	1146.08	01-Apr-02
69666	REPAIR OVAL WINDOW FISTULA	742.38	01-Apr-02
69667	REPAIR ROUND WINDOW FISTULA	743.40	01-Apr-02
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	852.88	01-Apr-02
69676	TYMPANIC NEURECTOMY	720.64	01-Apr-02
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	563.22	01-Apr-02
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN	BR	01-Apr-02
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	773.44	01-Apr-02
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHME	899.97	01-Apr-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT,		
	TEMPORAL BONE, WITH PERCUTANEOUS	1140.31	01-Apr-02
	ATTACHME		
69717	REPLACEMENT (INCLUDING REMOVAL OF		
	EXISTING DEVICE), OSSEOINTEGRATED	927.64	01-Apr-02
	IMPLANT, TEM		
	REPLACEMENT (INCLUDING REMOVAL OF	1154.06	01-Apr-02
69718	EXISTING DEVICE), OSSEOINTEGRATED		
	IMPLANT, TEM		
	DECOMPRESSION FACIAL NERVE,		
69720	INTRATEMPORAL; LATERAL TO GENICULATE	1089.03	01-Apr-02
	GANGLION		
	DECOMPRESSION FACIAL NERVE,		
69725	INTRATEMPORAL; INCLUDING MEDIAL TO	1697.38	01-Apr-02
	GENICULATE GANGLI		
	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH		
69740	OR WITHOUT GRAFT OR DECOMPRESSION;	1097.56	01-Apr-02
	LATE		
	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH	1178.91	01-Apr-02
69745	OR WITHOUT GRAFT OR DECOMPRESSION;		
	INCL		
69799	UNLISTED PROCEDURE, MIDDLE EAR	BR	01-Apr-02
	LABYRINTHOTOMY, WITH OR WITHOUT		01-Apr-02
69801	CRYOSURGERY INCLUDING OTHER	662.27	
	NONEXCISIONAL DESTRU		
	LABYRINTHOTOMY, WITH OR WITHOUT	958.23	
69802	CRYOSURGERY OR OTHER NONEXCISIONAL		01-Apr-02
	DESTRUCTIVE P		
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT	1000.18	01 Apr 02
09003	SHUNT	1000.16	01-Apr-02
69806	ENDOLYMPHATIC SAC OPERATION; WITH	039.70	01-Apr-02
	SHUNT	938.70	01-Api-02
69820	FENESTRATION SEMICIRCULAR CANAL	765.80	01-Apr-02
69840	REVISION FENESTRATION OPERATION	783.89	01-Apr-02
69905	LABYRINTHECTOMY; TRANSCANAL	840.57	01-Apr-02
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	1018.12	01-Apr-02
69915	VESTIBULAR NERVE SECTION,	1480.13	01-Apr-02
	TRANSLABYRINTHINE APPROACH	1400.13	01-Api-02
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR	1226.89	01-Apr-02
	WITHOUT MASTOIDECTOMY	1220.09	01-Api-02



Rate Codes - Surgery

PROC	DESCRIPTION	RATE2002	EFFDATE
69949	UNLISTED PROCEDURE, INNER EAR	BR	01-Apr-02
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	1732.67	01-Apr-02
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	1829.88	01-Apr-02
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	1815.21	01-Apr-02
69970	REMOVAL OF TUMOR, TEMPORAL BONE	1976.07	01-Apr-02
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	BR	01-Apr-02
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	225.98	01-Apr-02